Schedule E)			PAGE 1 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	port Amends repor	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 63ca5d03-cc35-4f4a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation 10 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	1015271.67	Disbursement For: Primary
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
			10 17 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 6f01bc01-c145-49b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1015271.67	Disbursement For:
Comments of Bernined Indopendent Every			460.00
(a) SUBTOTAL of Itemized Independent Expe	enditures		160.00
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		>
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 19 2014
Signature		J J Date	

Women Speak Out PAC C		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee James of Expenditure Milling Address 4967 Dysartsville Rd City NC State Total Category Mis. Kay Hagan Date of Public Distribution/Dissemination Total Category Mis. Kay Hagan Date of Public Distribution/Dissemination Total Category Morganton NC Category Mis. Kay Hagan Disbursement For: Primary Ceneral Category Winson Salem NC Category Winson NC Category Winson NC Category Winson NC Category Winso	۷۱	omen Speak Out PAC	C C00530766
Mailing Address 4967 Dysartsville Rd	Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 4967 Dysartsville Rd City State Zip Code Morganton NC 28655 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Mileage Category Oppose President Senate State: NC Oppose Office Sought 1015271.67 Calendar Year-To-Date Per Jection for Office Sought NC 27105 Purpose of Expenditure State: NC Oppose Office Sought State: NC Oppose Oppose Office Sought State: NC Oppose Oppo	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Morganton NC 28655 NC 28655 NC 28655 Name of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Purpose of Expenditure Salary Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr City State Zip Code Winston Salaem NC 27105 Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Purpose of Expenditure Salary Oppose Category/ Oo1 Type Oo1 Transaction ID: 422632e4-2917-4550-a Date of Disbursement For: Primary Ceneral Amount To the cypecify ► Transaction ID: 422632e4-2917-4550-a Date of Disbursement or Obligation Transaction ID: 422632e4-2917-4550-a Date of Disbursement For: Primary Mail Indianaction Transaction ID: 422632e4-2917-4550-a Date of Disbursement For: Primary Mail Indianaction Transaction ID: 422632e4-2917-4550-a Date of Disbursement For: Primary Mail Indianaction Transaction ID: 422632e4-2917-4550-a Date of Disbursement For: Primary Mail Indianact		Jennifer E Smith	
Morganton NC 28655 Transaction ID: 858e6ca3-cb6c-4019-9 Date of Disbursement or Obligation Name of Federal Candidate Name of Federal Candidate NS. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Slate NC 2014 Other (specify) Primary General Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Transaction ID: 858e6ca3-cb6c-4019-9 Date of Police Sought: House District MC President Senate State NC Disbursement For: Primary General Police Sought: House District NC Date of Public Distribution/Dissemination Amount Amount City State Zip Code Winston Salem NC 27105 Purpose of Expenditure Salary NC Category 001 Name of Federal Candidate Support Mice Sought: House District: 00 Ms. Kay Hagan Qoppose President Senate State: NC Calendar Year-To-Date President Senate State: NC Calendar Year-To-Date Disbursement or Obligation (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury certify that the independent expenditures Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury certify that the independent expenditures Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Brachaman [Electronically Filed] Date 10 19 2014		Mailing Address 4967 Dysartsville Rd	Amount
Morganton NC 28655 Transaction ID: 858e6ca3-cb6c-4019-9 Date of Disbursement or Obligation Name of Federal Candidate Name of Federal Candidate NS. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Slate NC 2014 Other (specify) Primary General Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Purpose of Expenditure Salary Name of Federal Candidate NC 27105 Transaction ID: 858e6ca3-cb6c-4019-9 Date of Police Sought: House District MC President Senate State NC Disbursement For: Primary General Police Sought: House District NC Date of Public Distribution/Dissemination Amount Amount City State Zip Code Winston Salem NC 27105 Purpose of Expenditure Salary NC Category 001 Name of Federal Candidate Support Mice Sought: House District: 00 Ms. Kay Hagan Qoppose President Senate State: NC Calendar Year-To-Date President Senate State: NC Calendar Year-To-Date Disbursement or Obligation (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury certify that the independent expenditures Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury certify that the independent expenditures Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Brachaman [Electronically Filed] Date 10 19 2014		City State Zin Code	10.80
Purpose of Expenditure Mileage Name of Federal Candidate Support Oppose President Support Office Sought: House District: OD Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary NC Z7105 Office Sought: House District: OD Amount Amount To Tansaction ID: d22632e4-2917-4550-a Date of Disbursement or Obligation Tansaction ID: d22632e4-2917-4550-a Date of Public Distribution/Dissemination To date of Public Distribution/Dissemina		·	Transaction ID : 858e6ca3-cb6c-4019-9
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr City Slate Vinston Salem NC Category/ Salary Name of Federal Candidate Ms. Kay Hagan NC Category/ Type Office Sought Other (specify) Transaction ID: d22632e4-2917-45b0-a Date of Disbursement For: 27.50 Transaction ID: d22632e4-2917-45b0-a Date of Disbursement or Obligation Mailing Address 5510 Dogwood Dr Amount City Slate Zip Code Transaction ID: d22632e4-2917-45b0-a Date of Disbursement or Obligation Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Total Independent expenditures in political party committee or its agent. Ms. Emily Buchanan		Mileage Category/ 002	M M / D D / Y Y Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State NC		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought 1015271.67		Ma Kaullana	
Full Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr City State Zip Code Winston Salem NC 27105 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Tuble Distriction/Dissemination To Date Public Distriction/Dissemination Tansaction ID: d22632e4-2917-45b0-a Date of Disbursement or Obligation Transaction ID: d22632e4-2917-45b0-a Date of Disbursement or Obligation Tansaction ID: d22632e4-2917-45b0-a Date of Disbursement or Obligation To Date of Disbursement o		1045074.07	
James Kindstedt Mailing Address 5510 Dogwood Dr City State Zip Code Winston Salem NC 27105 Purpose of Expenditure Salary Office Sought: House District: 00 Ms. Kay Hagan Soppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1015271.67 Calendar Year-To-Date Per Election for Office Sought 1015271.67 (a) SUBTOTAL of Itemized Independent Expenditures Point Independent Expenditures Independent Expenditures Point Independent Expenditures Point Independent Expenditures Independent Expenditures Point Independent Expenditures Indepen			Other (specify)
Mailing Address 5510 Dogwood Dr City State Zip Code Winston Salem NC 27105 Purpose of Expenditure Salary Name of Federal Candidate State Support Ms. Kay Hagan Name of Federal Candidate State: NC Disbursement or Obligation Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M = M / D = D / Y = Y = Y
Winston Salem NC 27105 Transaction ID: d22632e4-2917-4550-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Transaction ID: d22632e4-2917-4550-a Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: NC Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures		Mailing Address 5510 Dogwood Dr	
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Minum 17		City State Zip Code	27.50
Purpose of Expenditure Salary Category/ Type		Winston Salem NC 27105	Transaction ID : d22632e4-2917-45b0-a Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Salary Odlegory/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought 1015271.67 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	· —
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date		(a) SUBTOTAL of Itemized Independent Expenditures	38.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date To To To To To To To T		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 19 2014	1	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Duto		[F1 4	
		24.0	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	10 17 2014
Mailing Address 5510 Dogwood Dr	Amount
City State	Zip Code 6.15
Winston Salem NC	27105 Transaction ID : 4d5f676f-527c-4074-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	
Laura U Logie	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle	Amount
City State	Zip Code 40.00
Harrisonburg VA	22801 Transaction ID : 49378f36-07b6-48bf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	46.15
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	>
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Elec	etronically Filed] Date 10 19 2014
Signature	

PAGE

OF

Schedule E)	JENT EXICID	ITORES		AGE 4 OF 122 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Joanna Kindstedt			10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			Amount	
City	State	Zip Code		27.50
Rural Hall	NC	27045		: 9b261704-5f2a-45bf-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	015271.67	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee	·		Date of Public D	Distribution/Dissemination
Regina R Mouton			10	17 / 2014
Mailing Address 5827 Brighton PI			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70131		43030e01-b604-4229-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			42.50
(,			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	1 7 1 1 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19	2014
=				

Schedule E)	.0	PAGE 5 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payer		. (845 8:45 5 6:
Full Name of Payee Regina R Mouton	Da	ate of Public Distribution/Dissemination 10 17 2014
Mailing Address 5827 Brighton Pl	Ar	mount
City State Zip Coo	de	1.20
New Orleans LA 70131		ransaction ID : 6b58f67c-ce11-4b8e-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Categ	ory/ type 002	10 17 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought 193785.3		ment For:
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Eric Wilson		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 907 Randall Drive	Aı	mount
City Chata Zin Co	do F	15.00
City State Zip Co Searcy AR 72149	Tra	15.00 ansaction ID : dac4ac57-ad3c-46d3-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Categ		10 17 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Mr. Mark L Pryor	✓ Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	. г	16.20
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES		10.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures reporter with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	ed] Date 10	19 2014
Signature		

Schedule E)		PAGE 6 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report A	mends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Eric Wilson		10 17 2014
Mailing Address 907 Randall Drive	Am	ount
City State Zip Code		7.50
Searcy AR 72149		nsaction ID : e7f8c94f-fdcc-40fd-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category Type	/ 002	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident State: AR
Calendar Year-To-Date Per Election for Office Sought 174780.65	Disbursem 2014	nent For: Primary
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Dylan J Sparks		10 17 2014
Mailing Address 915 East Market Ave	A	لىنىا لىا لنا
	Am	ount
City State Zip Code		30.00
Searcy AR 72149	Trar Da	nsaction ID: d150d3c4-e556-4897-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category Type		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought 174780.	Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2000	

Schedule E)	INI EXI END	TIONES		PAGE 7 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		20.70
Searcy	AR	72149		D: 364a6d09-7998-4e4d-a rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Timothy D Heitman			10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2520 Helmstetler Rd			Amount	
City	State	Zip Code		40.00
Lexington	NC	27295		: 27ec3449-cd29-4214-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-77	1015271.67	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			60.70
,,			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19	2014
Signature				

Schedule E)	PAGE 8 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee Timothy D Heitman	Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd	10 17 2014 Amount
City State Zip Code	0.60
Lexington NC 27295	Transaction ID : f9b8ee21-4ae7-47eb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate Support Office	Sought: House District: 00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
Full Name of Payee Jerome M Weil	Date of Public Distribution/Dissemination
Mailing Address 101 Durham Drive	10 17 2014 Amount
City State Zip Code Lafayette LA 70508	25.00 Transaction ID : 52d74b00-3767-4d24-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Mary Llandrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	25.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	19 / 2014

Schedule E)	VI EXI END	ITOTILO		PAGE 9 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jerome M Weil				Public Distribution/Dissemination
Mailing Address 101 Durham Drive			M 10	
101 Bullian Blive			Amount	
City	State	Zip Code		6.00
Lafayette	LA	70508		tion ID: 8356b448-b6c5-4953-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	193785.37	Disbursement F 2014 Othe	or: Primary ⊠ General
Full Name of Payee			Date of	Public Distribution/Dissemination
Joseph R Rys			10	
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code		57.50
New Bern	NC	28560		on ID: 05c84348-43d0-4528-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1015271.67	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			63.50
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	45 1 45 1 45
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		19 / 2014
- 9				

Schedule E)	OIT OF INDEFENDE	itti Exi Eito	II OILEO		PAGE 10 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Ob a state of	V 10 h	Name and			-M / D - D / Y - Y - Y
Check if 24-hour r	report X 48-hour report	X New rep	oort Amends repo	ort filed on	
Full Name of Payer Joseph R R					of Public Distribution/Dissemination
Mailing Address 16	60 #50 Pompano Dr			Amou	
City		State	Zip Code	$ \Gamma$	12.66
New Bern		NC	28560		action ID: 5bf3ef72-4f53-4bed-9 of Disbursement or Obligation
Purpose of Expend Mileage	liture		Category/ Type 002		10 17 / 2014
Name of Federal C	Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	
Calendar Year Per Election fo	To-Date or Office Sought	10	015271.67	Disbursemen 2014 O	ther (specify) ▶
Full Name of Paye				Date	of Public Distribution/Dissemination
Rebecca A R	obertson				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	403 S Prescott St				
				Amou	int
City		State	Zip Code		25.00
Wichita		KS	67209	Transa Date	action ID: 7710ff96-139e-41dd-9 of Disbursement or Obligation
Purpose of Expend Salary	aiture		Category/ Type 001		10 17 2014
Name of Federal C	Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman			Oppose	Presid	ent Senate State: KS
Calendar Year Per Election fo	-To-Date or Office Sought	-, -,	13418.98	Disbursemer 2014	nt For:
(a) SUBTOTAL of I	temized Independent Expendit	ures		· •	37.66
(b) SUBTOTAL of U	Initemized Independent Exper	nditures		·· •	7 1 7 1 6
(c) TOTAL Independ	dent Expenditures			•	
with, or at the reque		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	nically Filed] Date	M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	PAGE 11 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee Rebecca A Robertson	Date of Public Distribution/Dissemination
Mailing Address 403 S Prescott St	10 17 2014 Amount
City State Zip Code Wichita KS 67209	2.70 Transaction ID : 654afe41-5497-4066-a
Purpose of Expenditure Mileage Category/ Category/	Date of Disbursement or Obligation
Name of Federal Candidate Type OUZ Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 13418.98	Disbursement For:
Full Name of Payee Charleen Ecuyer	Date of Public Distribution/Dissemination 10 17 2014
Mailing Address 3738 Woodland Ridge Blvd	Amount
City State Zip Code Baton Rouge LA 70816	12.50 Transaction ID : 44f3d65f-93ae-4528-b
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	. ▶ 15.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 / 2014

Schedule E)	ENT EXILID	ITOTILO		PAGE 12 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Charleen Ecuyer			10	17 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		3.00
Baton Rouge	LA	70816		: 10641cdb-6520-4d15-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	.,,	193785.37	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Vanessa E Ecuyer			10	17 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		12.50
Baton Rouge	LA	70816		: 398711a7-8f58-46d4-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		.	15.50
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeposit, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	2014
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Chelsey Waite	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3738 Woodland Ridge Blvd	Amount
	City State Zip Code	12.50
	Baton Rouge LA 70816	Transaction ID: 08a5f880-3062-4d6e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 17 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	400705 07	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Joshua J Huffman	Date of Public Distribution/Dissemination
	Mailing Address 211 Dixie Ave	10 17 2014
	211 BIAC AVE	Amount
	City State Zip Code	20.00
	Harrisonburg VA 22801	Transaction ID: e62f2d2c-f149-4eec-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 17 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	32.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4 1
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(17) (17) (17)	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Natalie M Foutch		10 17 2014
Mailing Address 1057 Waldron Road	Am	ount
City	ate Zip Code	19.00
LaVergne		insaction ID: 3ee18443-8e79-4d5d-b te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disbursem 2014	nent For: Primary
Full Name of Payee Leslie D Moore Mailing Address 1903 Swan Dr		te of Public Distribution/Dissemination 10 17 17 2014 nount
City	tate Zip Code	85.00
1 '	NC 28645 Trar	nsaction ID : 15c76c01-e421-480f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	∑ Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1015271.67 Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	· _	104.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

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OF

Sche	dule E)	I EXI END	1101120		PAGE 15 OF 122 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Il Name of Payee eslie D Moore			M	of Public Distribution/Dissemination
Ma	ailing Address 1903 Swan Dr			Amour	10 17 2014
Cit	h	State	Zip Code		3.60
Cit Le	enoir	NC	28645		action ID : a0517b9a-f660-4856-b of Disbursement or Obligation
	rpose of Expenditure lileage		Category/ Type 002		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sought	: House District: 00
M	s. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	10	015271.67	Disbursement 2014 Ot	t For: Primary
	ill Name of Payee isa Booth				of Public Distribution/Dissemination
Ma	ailing Address 1434 South Avenue			Amoui	10 17 2014 nt
Cit	ty	State	Zip Code		100.00
E	den	NC	27288	Transa Date o	ction ID : 33c89158-3992-43cc-a of Disbursement or Obligation
	ırpose of Expenditure alary		Category/ Type 001		10 17 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<i>7</i>	1015271.67	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure	·s			103.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		· [
(c)	TOTAL Independent Expenditures			•	
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidates committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 2014
5	Signature				

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour r	eport X 48-hour report	New repo	ort Am	nends repo	ort filed on	л = м	/ D = D /	Y I Y I Y I Y
Full Name of Payer	9				Date	of Pub	lic Distribution/	Dissemination
Lisa Booth						10 ^M	/ D D /	2014
Mailing Address ₁₂	34 South Avenue				Amou	unt		
City		State	Zip Code					20.40
Eden		NC	27288				ID: 57ae5e4coursement or C	:-a48d-4c02-b
Purpose of Expend Mileage	iture		Category/ Type	002		10	17	2014
Name of Federal C	andidate			Support	Office Sough	nt:	House	District:00
Ms. Kay Hagan				Oppose	Presid		X Senate	State: NC
Calendar Year- Per Election fo	To-Date or Office Sought	, 10	15271.67		Disbursemen 2014		Primary specify) ▶	K General
Full Name of Payer		_					olic Distribution	Discomination
Donna S Wils						M M M	/ DISTRIBUTION	2014
Mailing Address	4456 Country Hill Dr				Amor			
City		State	Zip Code					20.00
Baton Rouge		LA	70816				ID: 1a3726a3- bursement or (
Purpose of Expend Salary	liture		Category/ Type	001] [10 ^M	17	2014
Name of Federal C	andidate			Support	Office Soug	ht:	House	District: 00
Ms. Mary L Landrie	u		X	Oppose	Presid	lent	Senate	
Calendar Year Per Election fo	To-Date or Office Sought	, ,	193785.3	7	Disburseme 2014		Primary specify) ▶	General
(a) SUBTOTAL of It	emized Independent Expenditu	res			•			40.40
(b) SUBTOTAL of U	Initemized Independent Expend	litures					7	
(c) TOTAL Independ	dent Expenditures				•		7	
with, or at the reque	rjury I certify that the independ st or suggestion of, any candid political party committee or its	date or authorized						
Ms. Emi	ily Buchanan	[Electroni	cally Filed]	Date	M M /	19	D / Y Y 201	4
Signature						<u> </u>		

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Schedule E)	ENT EXILID	HONES	PAGE 17 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donna S Wilson			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4456 Country Hill Dr			Amount
City	State	Zip Code	7.80
Baton Rouge	LA	70816	Transaction ID : c60ee610-3622-41c9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Edmond D Rea			10 17 2014
Mailing Address 416 Vine Dr			Amount
City	State	Zip Code	45.00
Lawrence	KS	66049	Transaction ID : 28d364fb-0a78-4297-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,.,	13418.98	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. > 52.80
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sch	edule E)		II OIILO				PAGE 18	OF 1: FORM 24/4	22 ·8
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION OF THE PROPERTY O		
Wo	omen Speak Out PAC					С	C00530766		П
Chec	sk if 24-hour report X 48-hour report	New rep	ort An	nends repo	ort filed or	n	D D /	Y Y Y	Y
_									_
f	Full Name of Payee Edmond D Rea					Date of Public	Distribution/	Dissemination 2014	
1	Mailing Address 416 Vine Dr				A	Amount			
	Dity State)	Zip Code					7.5	59
L	Lawrence KS		66049			Transaction I Date of Disbu			-8
	Purpose of Expenditure Mileage		Category/ Type	002		10	17	2014	Y
1	Name of Federal Candidate			Support	Office S	Sought:	House	District:0	00
	Mr. Greg Orman			Oppose	P	resident	Senate	State: K	s
	Calendar Year-To-Date Per Election for Office Sought	,	13418.98		Disburs 2014	ement For: Other (sp	Primary pecify) ►	Gen	neral
Г	Full Name of Payee				1	Date of Public	c Distribution	/Dissemination	on
	Eva M Johnston					10	/ D D /	2014	Y
Ī	Mailing Address 2517 N 47th St					10		2011	-
						Amount			
	City State)	Zip Code					45.00	0
	Milwaukee WI		53210		T	ransaction II Date of Disbu	D: b65ae120- ursement or 0	- 08e6-497e- Obligation	а
	Purpose of Expenditure Salary		Category/ Type			10	17	2014	Y
Ī	Name of Federal Candidate			Support	Office S	Sought:	House	District:	00
	Mr. Greg Orman		X	Oppose	F	President	Senate	State:	S
	Calendar Year-To-Date Per Election for Office Sought		13418.9	98	Disburs 2014	ement For: Other (sp	Primary	∕ ⊠ Ger	neral
					-				
(a) SUBTOTAL of Itemized Independent Expenditures				▶			52.59	
(b) SUBTOTAL of Unitemized Independent Expenditures				·· •				
(0) TOTAL Independent Expenditures					1 1 4	1 1 4		
wi	nder penalty of perjury I certify that the independent exp th, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.								
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 10	19	201	4	
	Signature		_						

Schedule E)				PAGE 19 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Laura U Logie			M = M	ic Distribution/Dissemination
Mailing Address 2565 Shire Circle			10 Amount	17 2014
City	State	Zip Code		40.00
Harrisonburg	VA	22801		ID: b35efedb-32ad-4ee9-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	13418.98	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Linda J Fueling			M = M	ic Distribution/Dissemination
Mailing Address 6424 Purple Martin Ct			Amount	17 2014
City	State	Zip Code		37.00
Wilmington	NC	28411		D: 6ac428d2-e7ce-476c-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Noppose Noppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1015271.67	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		·	77.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	2014

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	1 M = M / D = D / Y = Y = Y
Full Name of Payee Linda J Fueling	[Date of Public Distribution/Dissemination
Ĭ		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6424 Purple Martin Ct	ļ.	Amount
City	State Zip Code	13.62
Wilmington		Fransaction ID: 2e6dc794-0e8f-4e92-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Rachel H Young Mailing Address Box #11543 915 E Market Ave City		Date of Public Distribution/Dissemination 10 17 17 2014 Amount
Searcy		ransaction ID : 2607286c-59fc-4280-b
Purpose of Expenditure Salary	Category/ 001	Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □ P	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	· [32.62
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

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OF

Schedule E)		PAGE 21 OF 122 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report X 48-hour report	New report Amends report	filed on M M M / D D / Y Y Y Y Y			
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination			
Mailing Address Box #11543 915 E Market Ave		10 17 2014 Amount			
City State	Zip Code	7.62			
Searcy AR	72149	Transaction ID : e8629f70-d96d-42dd-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014			
Name of Federal Candidate	Support C	Office Sought: House District: 00			
Mr. Mark L Pryor	Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	174780.65	oursement For: Primary X General Other (specify) ▶			
Full Name of Payee		Date of Public Distribution/Dissemination			
Katie A Barros		10 17 2014			
Mailing Address PO Box 398		Amount			
City State	e Zip Code	45.00			
Neosho MO	64850	Transaction ID : dad1ba75-507b-4a52-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures		52.62			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures)				
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electronically Filed] Date	10 19 / 2014			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Katie A Barros	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 398	Amount
City State Zip Code	22.50
Neosho MO 64850	Transaction ID : c2aa8769-4f27-4a8a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary
Full Name of Payee	
Mattie Harris	Date of Public Distribution/Dissemination 10 17 2014
Mailing Address 3654 Tara St	Amount
City State Zip Code	45.00
springdale AR 72762	Transaction ID : 90bebe6a-5798-439c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

OF

Schedule E)	I EXI END	HONLO		PAGE 23 OF 122 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y			
Full Name of Payee Mattie Harris			М	Public Distribution/Dissemination			
Mailing Address 3654 Tara St			Amoun	10 17 2014 t			
City	State	Zip Code		18.60			
springdale	AR	72762		Transaction ID : f4cf1d2c-e93f-4771-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Oppose	Presider				
Calendar Year-To-Date Per Election for Office Sought	474700.05						
Full Name of Payee			Date o	f Public Distribution/Dissemination			
OLynda Walker				10 17 2014			
Mailing Address 10000 Mount Pleasant Rd			Amoun	لىنىا لىا ك			
City	State	Zip Code		85.00			
Midland							
Purpose of Expenditure Salary		Category/ Type 001	М	f Disbursement or Obligation			
Name of Federal Candidate		Support	Office Sought	: House District:00			
Ms. Kay Hagan		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	7	1015271.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditure	9S		•	103.60			
(b) SUBTOTAL of Unitemized Independent Expendit	ures						
(c) TOTAL Independent Expenditures			•	7 7			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10 /	19 / Y = Y = Y = Y = Y = Y			
Signature							

Sc	hedule E)	u LIVD					PAGE 24 FOR SE OF	OF 122 FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION		
W	omen Speak Out PAC					С	C00530766		
Che	eck if 24-hour report X 48-hour report	New rep	ort Am	ends repo	ort filed on	M = M /	D D /	Y = Y = Y =	Y
Т	Full Name of Payee				Da	ate of Public	c Distribution/I	Dissemination	<u> </u>
	OLynda Walker					M M	17	2014	Y
	Mailing Address 10000 Mount Pleasant Rd				An	nount			
ŀ	City State		Zip Code					19.50	<u>כ</u>
	Midland NC		28107				ID: eef79864- ursement or O		
	Purpose of Expenditure Mileage		Category/ Type	002		10	17	2014	Y
ı	Name of Federal Candidate			Support	Office So	ught:	House [District: 00	
	Ms. Kay Hagan			Oppose		_	Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought	10)15271.67		Disburser 2014	ment For: Other (sp	Primary Decify) ►	X Gene	ral
Γ	Full Name of Payee				Da	ate of Publi	c Distribution/	Dissemination	า
1	Maria A Britt					10	/ D D /	2014	Υ
ŀ	Mailing Address 4894 Thunder Bolt					10	17	2014	_
1					Ar	nount			
ŀ	City State	е	Zip Code					85.00	П
	Concord	;	28205		Tra Da	nsaction II ate of Disbu	D: c1966aad- ursement or C	45ed-4f4d-8 bligation	
	Purpose of Expenditure Salary		Category/ Type	001		10	17	2014	Y
ľ	Name of Federal Candidate			Support	Office So	ught:	House	District:00)
	Ms. Kay Hagan		X	Oppose	Pre	esident	Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought		1015271.6	7	Disburser 2014	ment For: Other (sp	Primary Decify) ▶	X Gene	ral
(a) SUBTOTAL of Itemized Independent Expenditures				•		-7-	104.50	_
(b) SUBTOTAL of Unitemized Independent Expenditures				. •				
(c) TOTAL Independent Expenditures				•		7	1 40	
٧	Under penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or exactly committee) any political party committee or its agent.	authorized							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	/ 19	2014		
	Signature		_				-		

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Maria A Britt	10 17 2014
Mailing Address 4894 Thunder Bolt	Amount
City State Zip Code	19.50
Concord NC 28205	Transaction ID : 63a95c7a-d7cb-40c6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1015271.67	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Claud B Murphy JR	Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 37	Amount
City State Zip Code	35.00
East Bend NC 27018	Transaction ID : 628e92e5-d819-4768-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 1015271.67	Disbursement For: Primary General 2014 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 54.50
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	9 10 19 2014
Signature	

PAGE

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OF

Schedule E)	EXI ENDITOR			PAGE 26 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Claud B Murphy JR			M	
Mailing Address PO Box 37			Amount	0 17 2014
City St	ate Zip Co	nde		14.70
1 · ·	NC 27018			ction ID : e002f5ed-a026-4d7a-b Disbursement or Obligation
Purpose of Expenditure Mileage	Cate	gory/ Type 002		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	I	Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	1015271.	67	Disbursement 2014 Oth	For: Primary General Primary Primary General
Full Name of Payee			Date of	Public Distribution/Dissemination
Judith A Murphy				10 17 2014
Mailing Address PO Box 37				23.1
			Amount	
City	ate Zip Co	ode		35.00
	NC 2701	8		tion ID : f4dedd77-f7bb-4eca-9 Disbursement or Obligation
Purpose of Expenditure Salary	Cate	gory/ Type 001		0 17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	1015	271.67	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	49.70
(b) SUBTOTAL of Unitemized Independent Expenditures			·· •	7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized comm			
Ms. Emily Buchanan	[Electronically F	iled] Date		19 2014
Signature				

Schedule E)	120	PAGE 27 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Aleksandra B Padua	Date	of Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr	Amo	10 17 2014 unt
City State Zip C	Codo	20.00
Cary NC 2751	19 Tran	saction ID: 53fd149e-e8a1-49ce-b
Purpose of Expenditure Salary Cate		M M / D D / Y Y Y Y Y 1 Y 10 17 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Kay Hagan	Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1.67 Disburseme 2014	ent For:
Full Name of Payee Aleksandra B Padua	Date	e of Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr	Amo	10 17 2014 ount
City State Zip C	Code	3.12
Cary NC 275	19 Trans	saction ID: 41814f69-f670-4a3e-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Cate	egory/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Kay Hagan	X Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought	5271.67 Disburseme 2014	ent For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	······································	23.12
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Signature	Filed] Date 10	19 / 2014

Sched	ule E)	I EXI END			PAGE 28 OF 122 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	Name of Payee ancesca Blom				of Public Distribution/Dissemination
	ng Address 101 Asbury Ct			— L	10 17 2014
				Amour	nt
City		State	Zip Code		65.00
	chester	VA	22602		action ID: 4388bde4-ca6b-49c9-8 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		10 17 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. 0	Greg Orman		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	13418.98	Disbursement 2014 Of	t For: Primary X General
	Name of Payee				of Public Distribution/Dissemination
Liliy	y Green			М	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 205 Medallion Circle			Amou	لىنىا لىا ك
				Amou	
City		State	Zip Code		80.00
	eveport	LA	71119	Transa Date of	ction ID: 0c582302-c73a-4269-9 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		10 17 7 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	193785.37	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SI	UBTOTAL of Itemized Independent Expenditure)S		· -	145.00
(b) SI	UBTOTAL of Unitemized Independent Expendit	ures			
(c) T(OTAL Independent Expenditures			•	
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 2014
Sig	gnature				

Schedule E)	JENT EXTEND	HONES	PAGE 29 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	39.30
Shreveport	LA	71119	Transaction ID : a92e8dc1-c8c5-4967-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 DDD / YYYYY Y 10 17 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anselma A Trinidad			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7915 Curtina Ln			Amount
City	State	Zip Code	67.30
Lewisville	NC	27023	Transaction ID : ad05c7a9-eb38-4e4c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1015271.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 106.60
(b) OUDTOTAL of Heliconical Independent Francisco	and the second		
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		. •
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / 2014
•			

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed o	n M M / D D / Y Y Y Y Y
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination
		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way		Amount
City Stat	e Zip Code	95.00
Fort Smith AR		Transaction ID : dbf31b0d-0f55-4775-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Carol L Walters		10 17 2014
Mailing Address 1900 Glen West Way		Amount
City	te Zip Code	80.70
Fort Smith AF		Transaction ID: f912ccac-3f31-4dd8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	175.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	M / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	iled on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary R McCleese	10 17 2014
Mailing Address 323 Rolling Pines Dr	Amount
City State Zip Code	80.00
Spring Lake NC 28390	Transaction ID: 03ca1504-aa5c-490e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Odioridal Todi To Bato	isbursement For: Primary
Full Name of Payer	
Full Name of Payee Zachary R McCleese	Date of Public Distribution/Dissemination 10 17 2014
Mailing Address 323 Rolling Pines Dr	Amount
City State Zip Code	44.70
Spring Lake NC 28390	Transaction ID: 8a58cfd2-5c57-4445-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	124.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
Julie M Gentry	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St	nount
City State Zip Code	75.00
Roxboro NC 27573 Tra	ansaction ID : ea8d7d7e-7e35-4d19-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Julie M Gentry	ate of Public Distribution/Dissemination
Mailing Address 314 S Main St	10 17 2014 mount
City State Zip Code	30.72
Roxboro NC 27573 Trai	nsaction ID: 6a8641da-911f-4843-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Ms. Kay Hagan Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	105.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

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OF

Sc	chedule E)	PAGE 33 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on May / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	10 17 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
ŀ	City State Zip Code	55.00
	Mt. Airy NC 27030	Transaction ID: 19178373-f7bc-494c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 17 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
ſ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Ms. Tonya Boyd	10 17 2014
ľ	Mailing Address 2357 Fancy Cap Rd	
1		Amount
ľ	City State Zip Code	17.04
	Mt. Airy NC 27030	Transaction ID: 6118a9ec-df39-4947-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 17 / Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	72.04
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 19 2014
	Signature	

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER 1
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	10 17 2014
Mailing Address 12920 Kneeland Ln	Amount
City State	Zip Code 90.00
Neosho MO	64850 Transaction ID : 9c172160-c91c-4de6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 17 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Andrea L Hammond Mailing Address 12920 Kneeland Ln	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Neosho MO	Zip Code 33.00 64850 Transaction ID : bd921bc9-b453-432a-9
Purpose of Expenditure	Date of Disbursement or Obligation
Mileage	Category/ Type 002 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	123.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	es reported herein were not made in cooperation, consultation, or concer ed committee or agent of either, or (if the reporting entity is not a politica
	onically Filed] Date 10 19 2014
Signature	

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OF

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-h	our report New repo	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Jackson S Tuttle			10 17 2014
Mailing Address 404 Chancery Park	Ct		Amount
City	State	Zip Code	65.00
Kernersville	NC	27284	Transaction ID : b7a7c05a-a9b9-4f1c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10		Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Jackson S Tuttle			10 17 2014
Mailing Address 404 Chancery Pa	ırk Ct		Amount
City	State	Zip Code	12.00
Kernersville	NC	27284	Transaction ID : 36bed19c-4b19-42a5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General General Gther (specify) ▶
(a) SUBTOTAL of Itemized Independ	lent Expenditures		77.00
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures		
(c) TOTAL Independent Expenditures	S		
	of, any candidate or authorized		of made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron:	ically Filed] Date	10 19 2014
Signature			

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OF

Schedule E)	LINDITOTICS	PAGE 36 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave		10 17 2014 Amount
City State	Zip Code	34.00
Searcy AR	72149	Transaction ID : 76463343-2fe5-4f46-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	174780.65 Dis	sbursement For: Primary
Full Name of Payee Jeffrey Hampton Mailing Address 1700 E Part Ave		Date of Public Distribution/Dissemination
011	7.0.1	Amount
City State Searcy AR	Zip Code 72149	Transaction ID : 7c97012a-de23-4f08-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		56.47
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 19 2014
Signature	_	

Schedule E)	PAGE 37 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd	
City State Zip Picayune MS 394	Code 65.00 Transaction ID : 0cafee72-d7a8-4a1b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	ategory/ Type 001 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd	
City State Zip	Code 33.60
,	Transaction ID : d9858e71-68f4-40c8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	ategory/ Type 002 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	98.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Signature	o Filed] Date 10 19 2014
Oignaturo	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	10 17 2014
Mailing Address Split Oak Drive	Amount
City State Zip Code	45.00
charlotte NC 28227	Transaction ID: a995cfa7-fb25-4d88-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ma Marriel Landien	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 193785.37	Disbursement For: Primary
Full Name of Payer	
Full Name of Payee Amanda Boley	Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive	Amount
City State Zip Code	16.23
charlotte NC 28227	Transaction ID : a2bb1ce5-18ba-4862-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 10 17 2014
Name of Federal Candidate Sup	oport Office Sought: House District: 00
Ms. Mary L Landrieu Opp	pose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 193785.37	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or aparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014
Signature	

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 39 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cecilla A Rebrick			10 17 2014
Mailing Address 5003 Allison Lane			Amount
City	State	Zip Code	100.00
Ft. Smith	AR	72901	Transaction ID: 70d40b03-058a-4393-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cecilla A Rebrick			10 17 2014
Mailing Address 5003 Allison Lane			Amount
City	State	Zip Code	0.30
Ft. Smith	AR	72901	Transaction ID: 94bbbbd2-773b-473d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 100.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	n
Full Name of Payee]	Date of Public Distribution/Dissemination
Avery Rodriguez		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11 Cooper Lane		Amount
City	te Zip Code	94.00
Conway	R 72034	Transaction ID : d122294d-a5fe-4719-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor		President State: AR
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disburs 2014	ement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination
Mailing Address 11 Cooper Lane	,	Amount
City	te Zip Code	8.58
Conway		ransaction ID: a68a32be-643d-437e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	Oppose F	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	102.58
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures	·	1 7 1 7 1 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

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OF

Schedule E)	DENT EXTEND	TTOTILO		AGE 41 OF 122 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public Di	istribution/Dissemination
Gary W Fuhrmann			10	17 / 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		30.00
Shreveport	LA	71106		f2e4a7c7-f791-48b3-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Gary W Fuhrmann			10	17 / 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		11.40
Shreveport	LA	71106		1bb1d9a-a862-4861-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures			41.40
			-	7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 /	2014

Schedule E)	DEIVI EXI EIVE	TI OTILO	PAGE 42 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Camille N Yearry			10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2025 NE 67th St			Amount
City	State	Zip Code	40.00
Gladstone	MO	64118	Transaction ID: 68b5131c-13ea-4a4b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	174780.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Camille N Yearry			10 17 2014
Mailing Address 2025 NE 67th St			Amount
City	State	Zip Code	20.46
Gladstone	МО	64118	Transaction ID: 4248ff31-6843-4a4e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		60.46
#\\ QUIDTOT!	150		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Debra Lindsey	10 17 2014
Mailing Address 119 Goldenwood Dr	Amount
City State Zip Code	50.00
Slidell LA 70461	Transaction ID : f4fb3a90-0cb0-42be-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee	
Debra Lindsey	Date of Public Distribution/Dissemination
Mailing Address 119 Goldenwood Dr	Amount
City State Zip Code	3.90
Slidell LA 70461	Transaction ID : 00daa6bd-d061-43f7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

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OF

Sch	edule E)	EXI END	101120		PAGE 44 OF 122 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
<u> </u>	"		. 🗆 .		M = M / D = D / Y = Y = Y
Check		New repo	ort Amends repo	ort filed on	
Fi (ull Name of Payee Carla K Pilgreen				of Public Distribution/Dissemination
M	lailing Address 212 Stonecliff Dr			Amou	
С	ity	State	Zip Code	— I.	90.00
	Vest Monro	LA	71291		saction ID: dbc05f04-a2a6-445b-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 17 2014
N	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
N	/Is. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		93785.37	Disbursemer 2014 C	nt For:
	ull Name of Payee			Date	of Public Distribution/Dissemination
1	Carla K Pilgreen				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	failing Address 212 Stonecliff Dr				
				Amou	unt
С	ity	State	Zip Code		17.40
	West Monro	LA	71291	Transa Date	action ID: 49b5757f-531c-4cdb-8 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sough	ht: House District: 00
	/Is. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S		• •	107.40
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		·· •	
(c)	TOTAL Independent Expenditures			•	1711717
witl	der penalty of perjury I certify that the independer h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 10	19 2014
	Signature		_		

Scl	hedule E)	VI LIVE					PAGE 45 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	л = М /	D = D / Y = Y = Y
T	Full Name of Payee Ruthie M Thompson					of Public	c Distribution/Dissemination
-	Mailing Address 286 Wrenn Drive				Amou	10	17 2014
-	O't.		Zin Ondo				25.00
	City State Lexington NC		Zip Code 27292				25.00 ID: 86eeeea2-502e-4ab9-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	17 2014
ŀ	Name of Federal Candidate		Su	ıpport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan			ppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	015271.67		Disbursemen 2014	nt For: Other (sp	Primary
	Full Name of Payee Ruthie M Thompson					of Publi	c Distribution/Dissemination
	Mailing Address 286 Wrenn Drive				Amoi	unt	
	City Stat	te	Zip Code				4.20
-	Lexington NC Purpose of Expenditure	<u> </u>	27292		Trans Date	of Disbu	D: 3a288ce2-98e5-4bc1-b ursement or Obligation
	Mileage		Category/ Type	002		10 ^M	17 2014
ſ	Name of Federal Candidate		Su	upport	Office Soug	ht:	House District: 00
	Ms. Kay Hagan		X Op	opose	Presid	lent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1015271.67		Disbursement 2014		Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures					1 1	29.20
(I	b) SUBTOTAL of Unitemized Independent Expenditures				· [
(0	c) TOTAL Independent Expenditures				•	1 7	
W	Under penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	10	19	/ Y Y Y Y Y 2014
	Signature						

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 46 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marilyn A Holt			10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 Tumbleweed Dr			Amount
City	State	Zip Code	25.00
Winston Salem	NC	27127	Transaction ID: 5836fa27-c1fe-4798-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	015271.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Marilyn A Holt			10 17 2014
Mailing Address 314 Tumbleweed Dr			Amount
City	State	Zip Code	9,90
Winston Salem	NC	27127	Transaction ID : 37ce2b9d-ca38-49c5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1015271.67	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		34.90
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	IN EXIEND	HONES	<u> </u>	PAGE 47 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC	C	00530766		
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Monique Guillory			10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		50.00
Little Rock	AR	72211		D: b84085cc-96c6-47fa-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	174780.65	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Monique Guillory			10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		42.00
Little Rock	AR	72211		: 2a6499c6-2106-4112-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	174780.65	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures			92.00
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 19	2014
3. 3				

Sch	edule E)	L /(1 L /(2)	1101120		PAGE 48 OF 122 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
TF	Full Name of Payee Joshua D Syrotchen	,			of Public Distribution/Dissemination
	Mailing Address 915 East Market Ave			Amou	10 17 2014
				,	
	City Searcy	State AR	Zip Code 72149		55.00 action ID : 044ba80a-e7b9-447a-a
	Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation
N	lame of Federal Candidate		Support	Office Sough	t: House District: 00
N	Mr. Mark L Pryor		X Oppose	Preside	Tiodoc Biotriot.
	Calendar Year-To-Date Per Election for Office Sought	1	174780.65	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee Joshua D Syrotchen Mailing Address 915 East Market Ave				of Public Distribution/Dissemination
C	Dity	State	Zip Code		50.40
	Searcy	AR	72149		ction ID : c8908471-9668-4c15-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 17 2014
Ν	Name of Federal Candidate		Support	Office Sough	t: House District: 00
N	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursemen 2014	t For:
(a)) SUBTOTAL of Itemized Independent Expenditures	3		•	105.40
(b)) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 7 7
(c)) TOTAL Independent Expenditures			·· •	7 1 7 1 7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	19 2014
	Signature				

Sch	edule E)	LIVDI	TOTILO		-	AGE 49 OF 122 OR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C co	0530766
Checl	k if 24-hour report 48-hour report	New repo	ort Amends re	eport filed		D D / Y Y Y Y Y
1.				·		
	ull Name of Payee Kathryn M Wolfe				Date of Public D	istribution/Dissemination 17 2014
N	failing Address 204 W 9th St				Amount	
С	State State		Zip Code			17.50
	Pittsburg KS		66762			29e7813f-b36b-4326-8 ement or Obligation
	rurpose of Expenditure Salary		Category/ Type 00	01	10	17 / 2014
N	lame of Federal Candidate		Support	Office	Sought:	House District: 00
N	Mr. Greg Orman		X Oppose		President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		13418.98	Disbu 2014	Other (speci	Primary
	ull Name of Payee				Date of Public D	Distribution/Dissemination
'	Kathryn M Wolfe				M M /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 204 W 9th St					20.1
Т					Amount	
C	Dity State	9	Zip Code			2.10
	Pittsburg KS		66762		Transaction ID: Date of Disburse	d5c605e5-14b1-4cef-b ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00)2	10 /	17 / 2014
Ν	lame of Federal Candidate		Support	Office	Sought:	House District: 00
N	Mr. Greg Orman		X Oppose		President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		13418.98	Disbu 2014	Other (speci	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures			····· >	7	19.60
(b)	SUBTOTAL of Unitemized Independent Expenditures			····· >	7	7
(c)	TOTAL Independent Expenditures			······ >	7	
wit	der penalty of perjury I certify that the independent exp h, or at the request or suggestion of, any candidate or a rty committee) any political party committee or its agent.	authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 1	0 19	2014
	Signature					

Schedule E)	INT EXTEND	HONES	PAGE 50 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			10 17 2014 Amount
City	State	Zip Code	65.00
Kernersville	NC	27284	Transaction ID : 3411b6b7-5e41-4c13-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	015271.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			10 17 2014
			Amount
City	State	Zip Code	12.00
Kernersville	NC	27284	Transaction ID : 7a305c6d-0047-4eb5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- 7 7	1015271.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		77.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) SOBTOTAL OF OTHER MIZE A Macperial Response	naturos		7 7 7
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / 2014
5.3114.410			

Sche	dule E)	II EXI END			PAGE 51 OF 122 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y
	II Name of Payee ee R Carter			M	of Public Distribution/Dissemination
Ma	ailing Address 3110 Brentwood Rd			Amour	10 17 2014
Cit	v	State	Zip Code		95.00
	aleigh	NC	27604		action ID: 0e11ffbf-7a13-44b0-b If Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	10 17 2014
Na	me of Federal Candidate		Support	Office Sought	:: House District: 00
M	s. Kay Hagan		X Oppose	Preside	nt Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	015271.67	Disbursement 2014 Ot	For: Primary X General
	Il Name of Payee ee R Carter				of Public Distribution/Dissemination
Ma	ailing Address 3110 Brentwood Rd			Amour	
Cit	ty	State	Zip Code		14.40
	aleigh	NC	27604	Transa Date o	ction ID : 5dd437a1-87a4-47bd-b of Disbursement or Obligation
	rpose of Expenditure lileage		Category/ Type 002		10 D D D Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	1015271.67	Disbursement 2014 Of	t For: Primary ⊠ General
(a)	SUBTOTAL of Itemized Independent Expenditure	es			109.40
(b)	SUBTOTAL of Unitemized Independent Expendi	tures		. •	
(c)	TOTAL Independent Expenditures			•	
with	er penalty of perjury I certify that the independent, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 2014
5	Signature				

Sch	nedule E)	ti Eitb.					PAGE 52 OF 122 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee Nick Berryhill				Date	of Publi	ic Distribution/Dissemination
N	Mailing Address 905 Lake Drive				Amo	10 ount	17 2014
	Dity State		Zip Code				90.00
- 1	Shelby NC		28152				ID: efa17be9-8e47-49b7-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 10	17 2014
1	Name of Federal Candidate		s	Support	Office Soug	aht:	House District: 00
	Ms. Kay Hagan			Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10)15271.67		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Nick Berryhill				Date	of Publi	ic Distribution/Dissemination
Ī	Mailing Address 905 Lake Drive				Amo		17 2014
	City State	е	Zip Code				20.55
	Shelby NC	;	28152				D : fc598acf-1f6d-482f-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10 M	17 2014
П	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1015271.67		Disburseme 2014	ent For: Other (s _l	Primary
(a	substotal of Itemized Independent Expenditures				· [1.7	110.55
(b	o) SUBTOTAL of Unitemized Independent Expenditures						
(с	e) TOTAL Independent Expenditures				· [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
wi	nder penalty of perjury I certify that the independent exp ith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	19	2014
	Signature						

,							FOR SE OF	FORM 24/48
NAME OF COMMIT Women Spea						FEC	IDENTIFICATION	ON NUMBER ▼
vvoillen Spea	IN OULFAC					C	C00530766	
Check if 24-ho	ır report 🔀 48-hour report	New rep	ort Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Pa					Da	te of Pub	olic Distribution/	Dissemination
Logan B P	·					10	/ D D /	2014
Mailing Address	3205 Pebble Beach Rd				Am	nount		
City		State	Zip Code		-			26.00
Conway		AR	72034				n ID: 1b5946f5 bursement or C	
Purpose of Exp Salary	enditure		Category/ Type	001		10	17	2014
Name of Federa	I Candidate			Support	Office Sou	ıght:	House	District: 00
Mr. Mark L Pryc	r		\boxtimes	Oppose	Pres	sident	X Senate	State: AR
Calendar Y Per Electio	ear-To-Date n for Office Sought	1	74780.65		Disbursen 2014		Primary specify) ▶	X General
Full Name of Po					Da		olic Distribution/	/Dissemination
Mailing Address	3205 Pebble Beach Rd				An	nount		
City		State	Zip Code					12.99
Conway		AR	72034				ID: f7e79355-6 bursement or C	
Purpose of Exp Mileage	enditure		Category/ Type	002		10 10	17	2014
Name of Federa	I Candidate			Support	Office So	ught:	House	District:00
Mr. Mark L Pryo	r		\times	Oppose	Pre	sident	X Senate	State: AR
	ear-To-Date n for Office Sought		174780.6	5	Disbursen 2014	1	Primary	
(a) SUBTOTAL of	f Itemized Independent Expen	ditures						38.99
(b) SUBTOTAL	f Unitemized Independent Exp	enditures			•		7 7	
(c) TOTAL Indep	endent Expenditures				•		7	
with, or at the re-	perjury I certify that the indep quest or suggestion of, any car any political party committee o	ndidate or authorized						
	Emily Buchanan	[Electron	ically Filed]	Date	10	19	201	
Signature								

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OF

Schedule E)	311 31123	PAGE 54 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report fi	iled on Man / Dab / Yayayay
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St		10 17 2014 Amount
City State Ville Platte LA	Zip Code 70586	50.00 Transaction ID : 0ab181b5-d676-4f9e-9 Data of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
Mailing Address 1110 N Coolidge		Amount
City State	Zip Code	105.00
Gonzales LA	70737	Transaction ID: 344984d2-d7f1-4842-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	10 19 2014
Signature	L	

Sofication E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Christopher Marquess	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	nount
City State Zip Code	35.40
Ville Platte LA 70586 Tra	nnsaction ID: 11a8a2fd-31be-4c8a-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Da Hannah J Landry	te of Public Distribution/Dissemination
, and the second	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge	nount
City State Zip Code	17.28
	nsaction ID : 5ca39f27-d593-442e-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	52.68
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	EXI EIID	1101120		PAGE 56 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Mary C Lee				Public Distribution/Dissemination
Mailing Address 1030 N Coolidge Ave			1	0 17 2014
			Amount	
City	State	Zip Code		105.00
Gonzales	LA	70737		ction ID : daa8d234-f390-4179-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	0 17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	193785.37	Disbursement I 2014 Oth	For: Primary
Full Name of Payee				Public Distribution/Dissemination
Mary C Lee			M 1	0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		17.28
Gonzales	LA	70737	Transact Date of	tion ID : c9f1f0a5-7ebf-452b-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement 2014 Oth	For: Primary ☐ General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		· -	122.28
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 3
(c) TOTAL Independent Expenditures			>	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		19 2014
Signature				

Schedule E)	. OI MOLI LIND		II OILO		PAGE 57 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Toni A Persinge	r-Buckler				of Public Distribution/Dissemination
Mailing Address 5330 N	estleway Dr			Amour	10 17 2014
Oit.		Ctoto	7:2 Codo		30.00
City Clemmons		State NC	Zip Code 27012		30.00 action ID : c07c2604-6829-41be-8 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		10 17 2014
Name of Federal Candid	late		Support	Office Sought	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	
Calendar Year-To-Da Per Election for Off		1	015271.67	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee Toni A Persinger- Mailing Address 5330	Buckler Nestleway Dr				of Public Distribution/Dissemination
0%		Otata	The Could		2.75
City Clemmons		State NC	Zip Code 27012	Transa Date of	3.75 ction ID : fc641e0a-4804-470e-8 of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		10 17 2014
Name of Federal Candid	date		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year-To-D Per Election for Off		-, -,	1015271.67	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemize	ed Independent Expendi	tures			33.75
(b) SUBTOTAL of Uniten	nized Independent Expe	nditures		•	7 7 7
(c) TOTAL Independent I	Expenditures			· •	
	suggestion of, any cand	didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	nically Filed] Date	10	19 2014
Signature					

Schedul	e E)	I EXI END			PAGE 58 OF 122 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
	ame of Payee in L Battle				of Public Distribution/Dissemination
	Address 3300 Asher Ave			— L	10 17 2014
				Amour	nt
City		State	Zip Code		70.00
Little F		AR	72204		action ID: 7a3abe0c-301a-44c7-b of Disbursement or Obligation
Salary	se of Expenditure		Category/ Type 001	М	10 17 7 2014
Name	of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Preside	
-	alendar Year-To-Date er Election for Office Sought	, 1	74780.65	Disbursement 2014 Ot	t For: Primary
	ame of Payee in L Battle				of Public Distribution/Dissemination
Mailing	g Address 3300 Asher Ave			11/1	10 17 2014
IVIAIIII	3300 Asher Ave			Amou	nt
City		State	Zip Code		36.90
Little I		AR	72204	Transa Date o	ction ID : bfb2652e-60d4-4c9c-8 of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002	М	10 7 17 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Ma	ark L Pryor		Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	<u></u>	174780.65	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUE	3TOTAL of Itemized Independent Expenditure	;S		· •	106.90
(b) SUE	STOTAL of Unitemized Independent Expendit	ures		•	7 7 7
(c) TOT	TAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candida emmittee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ature		_		

ochedule L)						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D = D /	Y Y Y Y
Full Name of Payee				Da	ite of Pub	olic Distribution	/Dissemination
Anthony Pearson					10	17	2014
Mailing Address 112 apache Dr				An	nount		
City	State	Zip Code		— F			45.00
Search	AR	72149				n ID: 0d9a988 bursement or 0	8-672b-44c3-8
Purpose of Expenditure Salary		Category/ Type	001		10 M	17	2014
Name of Federal Candidate			Support	Office So	ught:	House	District: 00
Mr. Mark L Pryor			Oppose		sident	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	74780.65		Disburser 2014	1	Primary	General
E. II Name of Proper	, ,					specify)	
Full Name of Payee Anthony Pearson				Da	M M	/ D D /	/Dissemination
Mailing Address 112 apache Dr				Ar	10 nount	17	2014
City	State	Zip Code		— F			11.70
Search	AR	72149				ID: 197896ff-f	
Purpose of Expenditure Mileage		Category/ Type	002		10 N	/ D D /	2014
Name of Federal Candidate			Support	Office So	ught:	House	District: 00
Mr. Mark L Pryor		X	Oppose	Pre	sident	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7	174780.6	5	Disburser 2014	٦	Primary	y Seneral
(a) SUBTOTAL of Itemized Independent Expenditure	98			•			56.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures			· [7	
(c) TOTAL Independent Expenditures				•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10	/ 19		14
Signature							

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OF

Schedule E)	JENT EXILINE	TIONES	PAGE 60 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination
Mailing Address 6610 Walcott Rd			10 17 2014
			Amount
City	State	Zip Code	45.00
Paragoud	AR	72450	Transaction ID : 6722fcce-3cc0-425f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			10 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	11.70
Paragoud	AR	72450	Transaction ID : 25dc7061-6afc-4d78-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		56.70
(b) SUBTOTAL of Unitemized Independent Ex	oenditures)
(c) TOTAL Independent Expenditures			•
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	w report Amends report filed on Amends report filed on
Full Name of Payee Stuart T Haley	Date of Public Distribution/Dissemination
	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 W Vine Ave	Amount
City State	Zip Code 75.00
Searcy AR	72143 Transaction ID : 6ea720f4-fdd9-409c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Stuart T Haley Mailing Address 600 W Vine Ave	Date of Public Distribution/Dissemination 10 17 Amount
City State Searcy AR	Zip Code 45.00 72143 Transaction ID : 8716c0e9-5d90-4504-a
Purpose of Expenditure Mileage	Category/ 002 Type 002 Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 19 2014
Signature	

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OF

Schedule E)		1101120		PAGE 62 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y P Y P Y
Full Name of Payee Sheri J Peace			Date of Pu	blic Distribution/Dissemination
Mailing Address 9685 Paula St			10 Amount	17 2014
	01-1-	- 0.1		75.00
City Keithville	State LA	Zip Code 71047		75.00 In ID: da9d008e-fffb-478f-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	17 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For 2014 Other	: Primary
Full Name of Payee Sheri J Peace			Date of Pu	blic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	17 2014
City	State	Zip Code		31.20
Keithville	LA	71047		n ID : 36599d4b-7215-4c20-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For 2014 Other	::
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	106.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 4 1 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	9 10 19	
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fill	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Chinchar	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr	Amount
City State Zip Code	70.00
Conway AR 72034	Transaction ID : cda460d0-d269-4b74-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 7 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 20:	sbursement For: Primary
Full Name of Payee	
Michael Chinchar	Date of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr	Amount
City State Zip Code	28.50
Conway AR 72034	Transaction ID: 313513ba-4301-4381-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	98.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New report Amends report filed on	
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination
		10 17 2014
Mailing Address 1117 Clipper Dr	А	mount
City Sta	ate Zip Code	3.00
Slidell		ransaction ID : 81e0082b-69c5-454a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	∑ Oppose Pr	resident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	193785.37 Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Patricia F Arnold		10 17 2014
Mailing Address 1117 Clipper Dr	A	Amount
City	ate Zip Code	0.78
Slidell L		ansaction ID: 65ffeffd-6268-4c4c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	193785.37 Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		3.78
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	10 17 2014
Mailing Address 20679 Glenbrook Terrace	Amount
City State Zip Code	30.00
Sterling VA 20165	Transaction ID : ee0248ec-525e-440c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	25.00
Lafayette LA 70503	Transaction ID: bb74c944-ac7c-4a43-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00°	1 10 17 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 193785.37	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	nte 10 19 2014
Signature	

PAGE

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OF

Schedule E)	LIVI EXI END	ITOTILO	PAGE 66 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			10 17 2014 Amount
City.	Ctoto	7in Code	0.00
City Lafayette	State LA	Zip Code 70503	0.99 Transaction ID: 800ccb4e-1dc2-4391-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	193785.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination
Mailing Address 2319 West Oak			10 17 2014 Amount
City	State	Zip Code	30.00
El Dorado	AR	71730	Transaction ID : 462001f1-cf85-4a58-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	174780.65	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 30.99
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 2014
Signature			

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Rachel L Anzalone	10 17 2014
Mailing Address 2319 West Oak Amo	ount
City State Zip Code	3.06
El Dorado AR 71730 Trai	nsaction ID : e9cb1709-d771-4f48-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement 174780.65 Disbursement 174780.65	
	Other (specify) ▶e e of Public Distribution/Dissemination
Jeanne Tribou	10 17 2014
Mailing Address 22369 Ponderosa Dr. Ame	ount
City State Zip Code	80.00
	saction ID: a95534b3-bf56-4868-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	83.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

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OF

Schedule	E)	TI EXI END			PAGE 68 OF 122 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nam	ne of Payee			Date (of Public Distribution/Dissemination
Jeanr	ne Tribou				10 17 2014
Mailing A	Address 22369 Ponderosa Dr.			Amour	nt
City		State	Zip Code		10.20
Mandev		LA	70471		action ID: ab1539c9-a22c-4828-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	M	10 17 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	1	93785.37	Disbursement 2014 Of	t For: Primary ⊠ General
	ne of Payee			Date of	of Public Distribution/Dissemination
Benja	min L Heitman			М	10 / D / Y Y Y Y Y
Mailing A	Address 2520 Holmototlor Rd				10 17 2014
	2520 Helmstetler Rd			Amou	nt
City		State	Zip Code		40.00
Lexingto		NC	27295	Transa Date of	ction ID : 01b8f1d0-5f55-411f-9 f Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001	M	10 / 17 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		X Oppose	Preside	-
	endar Year-To-Date Election for Office Sought	7	1015271.67	Disbursemen 2014 O	t For:
(a) SUBT	OTAL of Itemized Independent Expenditu	ıres		•	50.20
(b) SUBT	OTAL of Unitemized Independent Expendent	ditures		. •	
(c) TOTA	L Independent Expenditures			· -	7 1 7 1 7
with, or at	nalty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	, 10 /	19 / 2014
Signatu	ure		_		

Schedule E)	DENT EXICID	ITORES	PAGE 69 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd			10 17 2014
			Amount
City	State	Zip Code	4.20
Lexington	NC	27295	Transaction ID: 9603f672-c445-4a9c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	015271.67	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lauren E Heffington			10 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 488 Broadwell Dr			Amount
City	State	Zip Code	30.00
Nashville	TN	37220	Transaction ID: e6499b9f-7d3b-4dc5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		34.20
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		· -
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 2014

Sc	hedule E)	PAGE 70 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
 Che	eck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Date	e of Public Distribution/Dissemination
	Philip Elkins	10 17 2014
	Mailing Address 227 Lincoln Dr	ount
ŀ	City State Zip Code	50.00
	Bossier City LA 71111 Trai	nsaction ID: 683308e9-0f3b-4133-b e of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 17 / 2014
ľ	Name of Federal Candidate Support Office Sou	ght: House District:00
	Ms Mary I Landrieu	sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
	Full Name of Payee Date Philip Elkins	te of Public Distribution/Dissemination
	***************************************	10 17 2014
ĺ	Mailing Address 227 Lincoln Dr	ount
ŀ	City State Zip Code	28.65
	Dat	saction ID : 73720eaf-0761-4f22-8 te of Disbursement or Obligation
Ì	Purpose of Expenditure Mileage Category/ Type 002	10 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office Sou	ight: House District: 00
-		sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
((a) SUBTOTAL of Itemized Independent Expenditures	78.65
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 7 7
((b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
((c) TOTAL Independent Expenditures	7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
	Signature	

Sche	edule E)	LIVE	1101120		PAGE 71 OF 122 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	port Amends re	eport filed	d on
Fu	ull Name of Payee				Date of Public Distribution/Dissemination
F	Peggy S ODonnell				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 4218 Eagle Lake Ct				Amount
Ci	ty State		Zip Code		15.00
В	del Aire KS		67220		Transaction ID : f2bd8d51-6e32-4978-a Date of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 00	01	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Offic	e Sought: House District: 00
М	Ir. Greg Orman		X Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		13418.98	Disb 2014	ursement For: Primary
	ull Name of Payee				Date of Public Distribution/Dissemination
	Peggy S ODonnell				M M / D D / Y Y Y Y
I _M	ailing Address 4218 Fagle Lake Ct				10 17 2014
'*"	alling Address 4218 Eagle Lake Ct				Amount
Ci	ity State		Zip Code		1.80
	Sel Aire KS		67220		Transaction ID: 69b05885-6dc4-471c-9 Date of Disbursement or Obligation
	urpose of Expenditure //ileage		Category/ Type 00	02	10 / 17 / 2014
Na	ame of Federal Candidate		Support	t Offic	ee Sought: House District: 00
М	fr. Greg Orman		X Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		13418.98	Disb 2014	oursement For: Primary General Other (specify)
				•	
(a)	SUBTOTAL of Itemized Independent Expenditures			····· >	16.80
(b)	SUBTOTAL of Unitemized Independent Expenditures			····· >	
(c)	TOTAL Independent Expenditures			······ >	
with	der penalty of perjury I certify that the independent expense, or at the request or suggestion of, any candidate or at ty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	nically Filed]	ate .	10 19 2014
-;	Signature		_		

Schedule E)		PAGE 72 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St		
COO Trangolino Or		Amount
City State	Zip Code	40.00
Monroe LA	71201	Transaction ID: f26b8a46-d7eb-43a3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	193785.37 Dist	bursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Brandy Starns		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St		10 17 2014
		Amount
City State	Zip Code	6.00
Monroe LA	71201	Transaction ID: e08d6559-b0e6-4a3c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	193785.37 Dis	bursement For: Primary General Other (specify) Other
	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 19 2014
Signature		

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	port filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Irene R Hoyer	10 17 2014
Mailing Address 4310 N Mission Rd	Amount
City State Zip Code	30.00
Bel Aire KS 67226	Transaction ID : 00be2f67-5ace-4cc6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Irene R Hoyer	10 17 2014
Mailing Address 4310 N Mission Rd	Amount
City State Zip Code	6.00
Bel Aire KS 67226	Transaction ID : fae0bd11-9a91-42db-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 13418.98	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	····· >
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] De	nte 10 19 2014
Signature	

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OF

	Tieddic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Cayenne C Corbin	10 17 2014
	Mailing Address 1851 S Laura St	Amount
ŀ	City State Zip Code	50.00
	Wichita KS 67211	Transaction ID : 6f88e777-d15d-44b2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General
ŀ		Other (specify) ▶
	Full Name of Payee Cayenne C Corbin	Date of Public Distribution/Dissemination
-	Mailing Address 1851 S Laura St	10 17 2014 Amount
ŀ	City State Zip Code	4.20
	Wichita KS 67211	Transaction ID : 92a983ca-f415-492d-b Date of Disbursement or Obligation
ľ	Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
ľ	Name of Federal Candidate Support Office	ee Sought: House District:00
		President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	54.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
	Signature	للنتا لتا

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OF

Schedule E)		PAGE 75 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	D = D / Y = Y = Y
Full Name of Payee Lydia H DeGisi	M - M	c Distribution/Dissemination
Mailing Address 9513 Beverly Dr	10 Amount	17 2014
City State Zip C	Codo	35.00
Overland Park KS 6620	Transaction	ID: 64613fca-ca90-417e-a ursement or Obligation
Purpose of Expenditure Salary Cat	egory/ Type 001 10	17 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Greg Orman		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Lydia H DeGisi	Date of Publi	c Distribution/Dissemination
Mailing Address 9513 Beverly Dr	10 Amount	17 2014
011	2.4	4.00
City State Zip C Overland Park KS 662	07 Transaction II	4.80 D: 3465a268-1e51-4724-a ursement or Obligation
Purpose of Expenditure Mileage Cat	egory/ 002 10 10	17 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Greg Orman		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		39.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically . Signature	Filed] Date 10 / 19	2014

Schedule E)	iiti EXI EIID	in one o		PAGE 76 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Adam L Clark			10	
Mailing Address 1851 S Laura St			Amount	
City	State	Zip Code		50.00
Wichita	KS	67211		on ID: 8bf296e7-9c0e-4931-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Support Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		13418.98	Disbursement For 2014 Other	r: Primary
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Michael D English			MIM	/ D = D / Y = Y = Y
Mailing Address F4 Renton Ave Apt 4			10	17 2014
F4 Benton Ave Apt 4			Amount	
City	State	Zip Code		40.00
Searcy	AR	72149		n ID: 2849c342-50d8-4736-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 17 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	tures		•	90.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	M M / D	9 2014
Signature		_		

Schedule E)	PAGE 77 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
Michael D English	of Public Distribution/Dissemination
Mailing Address F4 Benton Ave Apt 4 Amour	10 17 2014 nt
City State 7in Code	24.00
	24.90 action ID : f107954f-5337-4f2e-8 of Disbursement or Obligation
Purpose of Expenditure	10 17 2014
Name of Federal Candidate Support Office Sought	t: House District: 00
Mr. Mark L Pryor Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Office Sought	t For: Primary X General ther (specify) ▶
Cynthia Stewart	of Public Distribution/Dissemination
Mailing Address 3001 Pendell Lane Amoun	
City State Zip Code	90.00
Ft. Smith AR 72901 Transa Date of	ction ID : cbc39814-2d45-46f2-b of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office Sough	t: House District: 00
Mr. Mark L Pryor Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	114.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 / 2014

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	ort filed on/
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	10 17 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	55.00
Mt. Airy NC 27030	Transaction ID: c1c14be5-4e29-4c24-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	10 17 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	17.04
Mt. Airy NC 27030	Transaction ID: b43b69ea-c733-4d4a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 17 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1015271.67	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 72.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat	e 10 19 2014
Signature	

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OF

Schedule E)		PAGE 79 OF 122 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report X 48-hour report New report	Amends report file	d on M = M / D = D / Y = Y = Y			
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination			
Mailing Address 9513 Beverly Dr		10 17 2014 Amount			
City State Zi	p Code	35.00			
	6207	Transaction ID : a22d3b26-00d5-4c4f-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014			
Name of Federal Candidate	Support Office	ce Sought: House District:00			
Mr. Greg Orman	X Oppose	President Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	Disk 2014	oursement For:			
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination			
Mailing Address 9513 Beverly Dr		10 17 2014 Amount			
City State Zi	ip Code	4.80			
1 ·	66207	Transaction ID : 0a4b9318-9ef1-4cd0-9 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014			
Name of Federal Candidate	Support Office	ce Sought: House District: 00			
Mr. Greg Orman	∑ Oppose □	President Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	13418.98 Disl 201	oursement For: Primary General Other (specify) Other			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	39.80			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronical	<i>Ily Filed]</i> Date [™]	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Scł	nedule E)	EXI END	101120		PAGE 80 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Di	ate of Public Distribution/Dissemination
	Adena V Smith				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 450 Judson Dr			A	mount
ŀ	City	State	Zip Code		32.00
	Wake Forest	NC	27587		ransaction ID : 3a210ee5-ac48-4948-9 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y 17 17 17 2014
t	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose		esident State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	15271.67	Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶
Γ	Full Name of Payee			D	Pate of Public Distribution/Dissemination
1	Phillip Williams				10 17 2014
ŀ	Mailing Address 3007 Darden Rd				10 17 2014
1				A	mount
ŀ	City	State	Zip Code		67.50
	Greensboro	NC	27407		ansaction ID : f18f1ca0-f6ea-48d1-b late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office So	ought: House District:00
	Ms. Kay Hagan		X Oppose	Pr	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1015271.67	Disburse 2014	ement For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			▶	99.50
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res		··· •	
(0	c) TOTAL Independent Expenditures			···· •	
W	inder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	te 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Phillip Williams	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	nount
City State Zip Code	18.60
Greensboro NC 27407 Tra	ansaction ID: 762b6d62-5b81-4637-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Da Beverly Williams	ate of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	10 17 2014 mount
City State Zip Code	67.50
	nsaction ID: b8fbbe10-c07e-4f72-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	86.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

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OF

Scl	nedule E)				PAGE 82 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Т	Full Name of Payee			1	Date of Public Distribution/Dissemination
	Theresa a Youngblood				10 17 2014
	Mailing Address 102 S Main Street Apt A2			,	Amount
ŀ	City State		Zip Code		65.00
	Berryville VA		22611		Transaction ID: 01bb5297-a505-42b1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Greg Orman		X Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	- 7	13418.98	Disburs 2014	ement For: Primary General Other (specify) ▶
Γ	Full Name of Payee				Date of Public Distribution/Dissemination
١	Kenny Wallis				10 17 2014
ŀ	Mailing Address 6412 Osage Dr				10 17 2014
١					Amount
ŀ	City State		Zip Code		75.00
	North Little rock AR		72116	Т	ransaction ID : c39a1019-3cab-4b19-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 17 2014
ľ	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		Oppose	F	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	7	174780.65	Disburs 2014	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures			- [1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures				
W	Inder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or actuarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	nically Filed] Date	e 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	ENDERT EXILITIES	101120		PAGE 83 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lia Diatribution/Discomination
Kenny Wallis			Date of Pub	lic Distribution/Dissemination / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		6.09
North Little rock	AR	72116		ID: 17f1163c-6e52-4003-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	74780.65	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Darius Beverly				lic Distribution/Dissemination
			10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		50.00
Avondale	LA	70094	Transaction Date of Disk	ID : d56db5f5-e5a3-4c35-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures			56.09
(u) 652.6	<u> </u>			7
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. •	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 19	2014
Signature		_		

Schedule E)	INT EXI END	TIONES		PAGE 84 OF 122 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
women S	Speak Out PAC				C C00530766
Check if 2	24-hour report X 48-hour report	New rep	port Amends repo		M / D = D / Y = Y = Y
Full Name Stepha	of Payee anie L Heun				of Public Distribution/Dissemination
Mailing Ad	dress 8026 S Wilwood Dr Apt 101			L	10 17 2014
				Amou	nı
City		State	Zip Code		40.30
Oak Cree	<	WI	53154		action ID: 00ccfacc-f0bc-4658-9 of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001		10 17 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg (Orman		Oppose	Preside	
	dar Year-To-Date lection for Office Sought	· · · · · ·	13418.98	Disbursement 2014 C	t For: Primary
Full Name				Date	of Public Distribution/Dissemination
Ms. Dir	nah Beverly				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	dress 157 Bishop Drive			Amou	nt
City		State	Zip Code		50.00
Avondale		LA	70064		oction ID: 81c45a6d-8272-449a-b of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001		10 / 17 / 2014
Name of F	Federal Candidate		Support	Office Sough	it: House District:00
Ms. Mary	L Landrieu		Oppose	Presid	
	dar Year-To-Date Election for Office Sought		193785.37	Disbursemer 2014	ther (specify) ▶
(a) SUBTO	TAL of Itemized Independent Expendit	ures			90.30
				· 🗀	7 7 7
(b) SUBTO	TAL of Unitemized Independent Expen	ditures		·· •	7 7 7
(c) TOTAL	Independent Expenditures			•	7
with, or at t	Ity of perjury I certify that the indeper he request or suggestion of, any cand ittee) any political party committee or i	idate or authorize			
Signatur	Ms. Emily Buchanan	[Electron	nically Filed] Date	10	19 / 2014
9	-				

Schedule E)		PAGE 85 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report f	iled on Man / Dab / Yayayay
Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination
Mailing Address 157 Bishop Drive		10 17 2014 Amount
City State	Zip Code	4.50
Avondale LA	70064	Transaction ID : eb3e699f-6058-4422-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Joseph R English		10 17 2014
Mailing Address 915 East Market Ave Apt 4		Amount
City State	Zip Code	60.00
Searcy AR	72143	Transaction ID : da7201a1-8e8d-4d0b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 17 2014
Name of Federal Candidate	Support C	office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		64.50
(a) COLICINE OF ROME AND ADDRESS AND ADDRE		01.00
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ectronically Filed] Date	10 19 2014
Signature	_	

Schedule E)	PAGE 86 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee Joseph R English	Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4	10 17 2014 Amount
	/
City State Zip Code Searcy AR 72143	39.00 Transaction ID : 3d329c0b-ae3f-4af6-8
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 174780.65	Disbursement For: Primary
Full Name of Payee Corban L Barnett	Date of Public Distribution/Dissemination
Mailing Address 1001 N Prospect	10 17 2014 Amount
City State Zip Code	25.00
Liberal KS 67901	Transaction ID : 9bebdcf9-41bf-426c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 13418.98	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 64.00
(b) SUBTOTAL of Unitemized Independent Expenditures	- >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	e 10 / 19 / 2014

Sc	hedule E)			PAGE 87 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ 0 0 / 7 7 7 7 7
T	Full Name of Payee Corban L Barnett		Date of Publi	c Distribution/Dissemination
-	Mailing Address 1001 N Prospect		10	17 2014
			Amount	
		ip Code		9.00
	Liberal KS 67	7901		ID: 7d3ddb15-158a-42f0-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 10	17 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	X Oppose		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	3418.98	Disbursement For: 2014 Other (s	Primary
ľ	Full Name of Payee		Date of Publ	ic Distribution/Dissemination
	Jessica R Resendiz		M M M 10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 9685 Paula St			
			Amount	
Ì	City State Zi	ip Code		80.00
		71047	Transaction I Date of Disb	D: 79dfc1fd-3794-429f-a ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	17 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	193785.37	Disbursement For: 2014 Other (s	Primary
_				
((a) SUBTOTAL of Itemized Independent Expenditures		>	89.00
((b) SUBTOTAL of Unitemized Independent Expenditures		•	
((c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized control committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronical	ally Filed] Date	M M / D D D 19	/ Y Y Y Y Y 2014
	Signature			

· · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Jessica R Resendiz			[10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amo	unt
City	State	Zip Code	$-\Gamma$	31.20
Keithville	LA	71047		saction ID : 1cf9e249-b3a6-41a2-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 17 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	193785.37	Disburseme 2014	nt For:
Full Name of Payee April E Madrid Mailing Address 2153 Sweet Bay Circle			Date	of Public Distribution/Dissemination
			Amo	unt
City	State	Zip Code		32.50
Bossier City	LA	71111		action ID: a07d6448-caec-49f4-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001] [M 10 / 17 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	193785.37	Disburseme	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	res			63.70
(b) SUBTOTAL of Unitemized Independent Expend	itures		·· •	
(c) TOTAL Independent Expenditures			· • [7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	19 / 2014
Signature				

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OF

Schedule E)		PAGE 89 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee April E Madrid		of Public Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle	Amou	10 17 2014
City State Zip C	Codo	10.50
Bossier City LA 7111	11 Trans	saction ID: 63ab1048-481a-43b1-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Cate		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	ht: House District:00
Ms. Mary L Landrieu	X Oppose Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014	nt For:
Full Name of Payee Alice K Salazar	_	of Public Distribution/Dissemination
Mailing Address 605 W Houston St	Amor	10 17 2014 unt
City State Zip C	Code	80.00
Marshall TX 756	33 Trans	action ID: bfb86761-703b-4818-9 of Disbursement or Obligation
Purpose of Expenditure Salary Cate		10 17 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu	X Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	3785.37 Disburseme 2014	ont For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically 1	Filed] Date 10	19 2014
Signature		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Alice K Salazar		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St	A	mount
City	te Zip Code	45.60
Marshall T.		ransaction ID : 2a7ff4cf-03c1-47ed-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ment For:
Full Name of Payee Michael A Toomey Mailing Address 4120 Bon Aire Dr Apt 6307		ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	te Zip Code	45.00
Monroe L		ansaction ID: a99f6f09-d586-40d5-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 17 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	esident State: LA
Calendar Year-To-Date Per Election for Office Sought	193785.37 Disburse 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·	90.60
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	19 2014
Oignature		

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OF

Schedule E)	II EXI END	HONLO		PAGE 91 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Michael A Toomey				of Public Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			Amour	10 17 2014
City	State	Zip Code		5.70
Monroe	LA	71212		action ID: 2793af9e-8166-4de9-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 17 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	193785.37	Disbursement 2014 Of	t For: Primary
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Gregory Green			M	10 17 2014
Mailing Address 2506 Bolch Street			Amou	لىنىا لىا ك
City	State	Zip Code		80.00
Shreveport	LA	71104		ction ID : 0cd31c2d-61e9-494c-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	193785.37	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			85.70
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	
(c) TOTAL Independent Expenditures			· .	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	PAGE 92 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	42.60
Shreveport LA 71104	Transaction ID: b85fb54d-f88a-4055-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 193785.37	Disbursement For: Primary X General 2014
Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination
Molling Address	10 17 / 2014
Mailing Address P.O. Box 712	Amount
City State Zip Code	60.00
Alexander AR 72002	Transaction ID : d15a1614-c4c0-473f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 174780.6	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 19 / 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 93 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712			10 17 2014
			Amount
City	State	Zip Code	11.40
Alexander	AR	72002	Transaction ID: 84131611-8924-49b9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Miranda A Resinos			10 17 2014
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	85.00
Alma	AR	72921	Transaction ID : a1fd53ec-0e33-4c50-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,	174780.65	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		96.40
(b) CURTOTAL of Unitersized Independent Fundamental	an alikuwa n		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	rialtures		
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olgitature			

Schedule E)	EXI LIVE			PAGE 94 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Miranda A Resinos			M	10 17 2014
Mailing Address 1430 Sunnyside Rd			Amoun	t
City	State	Zip Code		63.90
Alma	AR	72921		action ID: 6170f2c8-4a14-4e6f-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 17 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	174780.65	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Eric Resinos				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amour	
City	State	Zip Code		90.00
Alma	AR	72921	Transac Date o	ction ID : b201374c-9b3b-4476-b If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 17 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	,,	174780.65	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s			153.90
(4) 302.13.11.2 3. 10.11.21.11.11.11.11.11.11.11.11.11.11.11.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 / I	19 2014
Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 95 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Resinos			10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	71.10
Alma	AR	72921	Transaction ID: 8a3ec816-2502-44a5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	174780.65	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kinsey E Beck			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Glenhaven Ct			Amount
City	State	Zip Code	50.00
Harvest	AL	35749	Transaction ID : 3e9edfbe-2a66-499e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		174780.65	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		121.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

							FOR SE OF	FORM 24/48
NAME OF COMMIT						FEC	IDENTIFICATION	ON NUMBER ▼
Women Spea	K Out PAC					С	C00530766	
Check if 24-hou	r report X 48-hour report	New repo	ort An	nends repo		и = м	/ D = D /	Y I Y I Y
Full Name of Pa					Date	of Pub	lic Distribution/	Dissemination
Kinsey E B						10 ^M	17	2014
Mailing Address	103 Glenhaven Ct				Amo	unt		
City		State	Zip Code		— I			29.10
Harvest		AL	35749				ID: f62d460c	
Purpose of Expe Mileage	nditure		Category/ Type			10	17	2014
Name of Federa	Candidate			Support	Office Soug	ht:	House	District:00
Mr. Mark L Pryo				Oppose	Presid		X Senate	State: AR
Calendar Ye Per Election	ar-To-Date for Office Sought	1	74780.65		Disburseme 2014		Primary specify) ▶	General
Full Name of Pa	N/AA						olic Distribution	/Discomination
	Montgomery					M = M 10	/ DISTIDUTION	2014
Mailing Address	106 Wyncrest Ct				Amo			2011
City		State	Zip Code		— F			40.00
Hendersonville		TN	37075				ID: 77999a3f- bursement or (
Purpose of Expe Salary	enditure		Category/ Type] [10 ^M	17	2014
Name of Federa	I Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Mark L Pryo	•		X	Oppose	Presid	dent	Senate	
Calendar Ye Per Election	ear-To-Date n for Office Sought	7	174780.6	65	Disburseme 2014		Primary specify) ▶	General
(a) SUBTOTAL o	f Itemized Independent Expenditur	es			•		7	69.10
(b) SUBTOTAL o	f Unitemized Independent Expendi	tures			•		4	
(c) TOTAL Indep	endent Expenditures				•			
with, or at the rec	perjury I certify that the independence uest or suggestion of, any candidary political party committee or its	ate or authorized						
Ms. I	Emily Buchanan	[Electroni	cally Filed]	Date	M M /	19	201	4
Signature						_		

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Schedule E)	JENT EXILIND	TIONES	PAGE 97 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			10 17 2014 Amount
City	State	Zip Code	100.00
Woodbridge	VA	22193	Transaction ID : dc837f38-2479-409e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10 17 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	60.00
New Orleans	LA	70131	Transaction ID : 0cb536f2-d985-42ed-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 17 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		193785.37	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		160.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		
			7 7
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 2014
S.g.iataro			

Schedule E)	I LXI LIND	ITORES	<u> </u>	PAGE 98 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			10	17 / Y Y Y Y Y Y Y 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		21.00
New Orleans	LA	70131		D: bdf45c79-6338-4112-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1	193785.37	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	-		Date of Public	Distribution/Dissemination
Brenda L McCune			10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		45.00
Conway	AR	72032		: 98652b04-6958-4931-b
Purpose of Expenditure Salary		Category/ Type 001	10 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	174780.65	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		.	66.00
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expendi	tures)	4
(c) TOTAL Independent Expenditures)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	2014
-				

Schedule E)	EXI EIID	101120		PAGE 99 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Brenda L McCune				Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6				10 / 17 / 2014
				Amount
City	State	Zip Code		37.20
	AR	72032		Transaction ID: 429a1b63-b9bf-4e12-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00)2	10 17 7 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	, 1	74780.65	Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Brenda K Billington				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 437 Roberson Creek Rd				Amount
1 '	State	Zip Code		70.00 Fransaction ID: b541ee88-db1f-48f5-b
	NC	27312		Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	10 17 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose		President State: NC State:
Calendar Year-To-Date Per Election for Office Sought		1015271.67	Disbur 2014	sement For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			····· >	107.20
(b) SUBTOTAL of Unitemized Independent Expenditures	es		····· >	
(c) TOTAL Independent Expenditures			······ ▶	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee]	Date of Public Distribution/Dissemination
Brenda K Billington		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 437 Roberson Creek Rd	-	Amount
City	State Zip Code	27.90
Pittsboro		Transaction ID: 090197fc-9cdf-47f2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Kay Hagan	Oppose P	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburs 1015271.67 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane		Date of Public Distribution/Dissemination 10 17 2014 Amount
City	State Zip Code	23.50
Lexington		ransaction ID: d7c8b17b-6438-4653-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1015271.67 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	51.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	·····	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

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OF

Sch	nedule E)	L/11 -1.12.	1101120		PAGE 101 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	oort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Randy G Lookabill				of Public Distribution/Dissemination
1	Mailing Address 200 Carawood Lane			Amo	10 17 2014 unt
	City	State	Zip Code		12.60
	Lexington	NC	27295		saction ID: 3f04e6e3-90ac-4888-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 17 2014
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Kay Hagan		Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought	10	015271.67	Disburseme 2014	ent For: Primary
	Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave			Date	e of Public Distribution/Dissemination 10
	City	State	Zip Code	$ \Gamma$	30.00
	Searcy	AR	72149	Trans Date	saction ID: 5fa1d953-63ae-4d3d-b e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$] \mid \Box$	10 17 2014
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Mr. Mark L Pryor		Noppose Noppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		174780.65	Disburseme 2014	ent For:
(a	a) SUBTOTAL of Itemized Independent Expenditures.			-	42.60
(k	b) SUBTOTAL of Unitemized Independent Expenditure	res		-	
(0	c) TOTAL Independent Expenditures			··· \	17117117
W	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 10 /	19 2014
	Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Benjamin Hernandez	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave	Amount
City State	Zip Code 14.10
Searcy AR	72149 Transaction ID : bdef8f53-af0e-40f4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee Vonniqua Jackson Mailing Address 111 Westchester Blvd	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Apt D4	Amount
City State	Zip Code 70.00
Slidell LA	70458 Transaction ID : 36c96e07-3347-42dd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	84.10
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 10 19 2014
Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Peggy A Sides		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2183 Spokane Rd		Amount
City	State Zip Code	60.00
,	NC 28304	Transaction ID: 8e976962-b2f7-4aa4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1015271.67 Disbur 2014	rsement For: Primary General Other (specify)
Full Name of Payee Peggy A Sides Mailing Address 2183 Spokane Rd		Date of Public Distribution/Dissemination 10 17 2014 Amount
City	State Zip Code	7.50
1 '		Transaction ID : 86a1afb2-a065-4075-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1015271.67 Disbut 2014	rsement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	67.50
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Schedule E)		TI EXI END			PAGE 104 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
					1 - M / D - D / Y - Y - Y - Y
Check if 24-hour report	X 48-hour report	X New rep	ort Amends repo	ort filed on	
Full Name of Payee Shanon Snyder					of Public Distribution/Dissemination
Mailing Address _{2701 W}	linifred			L	10 17 2014
				Amou	ınt
City		State	Zip Code		20.00
Metairie		LA	70003		saction ID: 9512ac0b-6beb-42c1-8 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		10 / 17 / 2014
Name of Federal Candid	ate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	ent Senate State: LA
Calendar Year-To-Da Per Election for Offi		, 1	93785.37	Disbursemer 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Shanon Snyder					10 17 2014
Mailing Address 2701	Winifred				
				Amou	unt
City		State	Zip Code		0.75
Metairie		LA	70003	Transa Date	of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		10 17 2014
Name of Federal Candid	late		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To-Da Per Election for Off		7 1 1 7	193785.37	Disbursemer 2014	nt For:
•					
(a) SUBTOTAL of Itemize	ed Independent Expenditu	res		. •	20.75
(b) SUBTOTAL of Uniter	nized Independent Expend	itures		· •	
(c) TOTAL Independent E	Expenditures				171171171
	suggestion of, any candid	ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buc	rhanan	[Electron	ically Filed] Date	e 10 /	19 2014
Signature					

Schedule E)		PAGE 105 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New	w report Amends report	filed on
Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination
Mailing Address 503 N Cedar St		10 17 2014 Amount
014	7'- 0-4-	50.00
City State Meade KS	Zip Code 67864	50.00 Transaction ID : 0eb2bd36-8203-402c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 17 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Ronald W Ryckman		10 17 2014
Mailing Address 503 N Cedar St		Amount
City State Meade KS	Zip Code 67864	27.00 Transaction ID : a7b52b70-f240-4652-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		77.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures]	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ectronically Filed] Date	10 19 2014
Signature		

Schedule E)	II EXI EILD	TI OTILO		PAGE 106 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carl Brent			Date of Pub	lic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amount	17 2014
City	State	Zip Code		80.00
New Orleans	LA	70126		ID: 7959967f-a83f-443b-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	193785.37	Disbursement For: 2014 Other (s	Primary X General specify) ▶
Full Name of Payee	_		Date of Pub	olic Distribution/Dissemination
Carl Brent			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		9.90
New Orleans	LA	70126		ID: e160507e-330e-48ad-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	193785.37	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'es			89.90
(b) SUBTOTAL of Unitemized Independent Expend	itures		· • · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 10 / 19	2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
Brandon Wheeler	10 17 2014
Mailing Address 10112 Piney Creek Ct	nount
City State Zip Code	40.00
Charolette NC 28215 Tra	ansaction ID: dab9e498-3434-4eca-8 tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	1
	Other (specify)
Full Name of Payee Brandon Wheeler	ate of Public Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct	10 17 2014 mount
City State Zip Code	20.10
	nsaction ID: 6623717d-916e-499d-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 17 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
	esident State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	60.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

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OF

Women Speak Out PAC C coos30766	ochedule Ly						FOR SE OF	FORM 24/48
Check if	NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Kaitlyn B Allen Name of Payee Kaitlyn B Allen Full Name of Payee Kaitlyn B Allen Category'	women Speak Out PAC					C	C00530766	
Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Salary Ballen Mailing Address 2121 Daniel Dr Oppose President Senate State: AR Calendar Year-To-Date Purpose of Expenditure Raitlyn B Allen Mailing Address 2121 Daniel Dr Oppose President Senate State: AR Calendar Year-To-Date Purpose of Expenditure Mailing Address 2121 Daniel Dr City State Zip Code Xar 72143 Date of Public Distribution/Dissemination City State Zip Code Xar 72143 Name of Federal Candidate Mailing Address 2121 Daniel Dr Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor AR 72143 Calendar Year-To-Date Per Election for Office Sought Transaction ID: #f2d056-4589-4461-a Date Date of Public Distribution/Dissemination Transaction ID: #f2d056-4589-4461-a Date Date Oppose District: One President Senate State: AR Transaction ID: #f2d056-4589-4461-a Date Date Date Date Date Date Date Dat	Check if 24-hour report X 48-hour report	New repo	ort Am	iends repo	rt filed on	M = M	/ D = D /	Y Y Y Y Y
Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Name of Federal Candidate Support Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General Purpose of Expenditure Support Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General Purpose of Expenditure State: AR Disbursement For: Primary General Purpose of Expenditure Senate State: AR 72143 Full Name of Peyer Raitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category Do2 Type 002 Name of Federal Candidate Searcy AR 72143 Purpose of Expenditure Mileage Searcy AR 72143 Name of Federal Candidate Searcy AR 72143 Name of Federal Candidate Searcy AR 72143 Purpose of Expenditure Searcy AR 72143 Name of Federal Candidate Search Se					D	ate of Pub	olic Distribution	/Dissemination
City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Oppose								
Searcy AR 72143 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kaitlyn B Allen City State Zip Code Searcy AR 72143 Purpose of Expenditure Malling Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Per Election for Office Sought Transaction ID : fff2d056-4588-4461-a Date of Disbursement For: Distribution/Dissemination Transaction ID : fff2d056-4588-4461-a Date of Disbursement For: Distribution/Dissemination Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement For: Delta Date of Disbursement For: Delta Date Disbursement For: Delta Date Date Disbursement For: Delta Date Disbursement For: Delta Date Date Disbursement For: Delta Date Date Date Date Date Date Date Da	Mailing Address 2121 Daniel Dr				А	mount		
Searcy AR 72143 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kaitlyn B Allen City State Zip Code Searcy AR 72143 Purpose of Expenditure Malling Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Per Election for Office Sought Transaction ID : fff2d056-4588-4461-a Date of Disbursement For: Distribution/Dissemination Transaction ID : fff2d056-4588-4461-a Date of Disbursement For: Distribution/Dissemination Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement or Obligation Transaction ID : fda6ea66-632-48Bf-b Date of Disbursement For: Delta Date of Disbursement For: Delta Date of Disbursement For: Delta Date Disbursement For: Delta Date Date Disbursement For: Delta Date Disbursement For: Delta Date Date Disbursement For: Delta Date Date Date Date Date Date Date Da	City	State	Zip Code		— Г			95.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Malling Address 2121 Daniel Dr City Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor City Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Category/ Type Office Sought Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation Amount City Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type Office Sought: House District: O Mr. Mark L Pryor Amount Category/ Type Office Sought: House District: O Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 174780.65 Disbursement For: Primary General 2014 Category/ Type Office Sought: House District: O Depose President Senate State: AR Disbursement For: Primary General Other (specify) ▶ Under (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			•					
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Mileage Milea				001		M - M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Mir. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Amount Transaction ID: 'da8ea6-653-48bf-b Date of Disbursement or Obligation 10 17 2014 Amount Transaction ID: 'da8ea6-653-48bf-b Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary Ceneral Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Uniternized Independent Expenditures (c) TOTAL Independent Expenditures (d) Total Independent Expenditures or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Name of Federal Candidate			Support	Office So	ought:	House	District:00
Per Election for Office Sought Full Name of Payee Kaitlyn B Allen Malling Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Soug	Mr. Mark L Pryor					_	X Senate	State: AR
Full Name of Payee Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination 10 17 2014 Amount Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation Transaction ID: fda8ea86-6b3c-48bf-b Date of Date of Public District or College of Date of Dat		1	74780.65			_		General
Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support M. Armount To Obligation President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation To 10 president Senate State: AR Disbursement For: Primary General Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Other (specify) (b) SUBTOTAL of Unitemized Independent Expenditures Per Election for Office Sought Disbursement For: Other (specify) (c) TOTAL Independent Expenditures Per Election of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date 10 19 2014	Full Name of Payer	, , , , , , , , , , , , , , , , , , , ,						/D: : ::
Mailing Address 2121 Daniel Dr City State Zip Code 37.74 Searcy AR 72143 Purpose of Expenditure Mileage Category/ Tiype 002 Name of Federal Candidate State: AR Name of Federal Candidate Mr. Mark L Pryor Sought 174780.65 Calendar Year-To-Date Per Election for Office Sought 174780.65 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filed Date 10 19 2014 201						M - M	/ D D /	Y Y Y Y Y
Searcy AR 72143 Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Total Independent Expenditures Calendar Year-To-Date Per Election for Office Sought Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation Total Independent Expenditures Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. IElectronically Filed Date Transaction ID: fda8ea86-6b3c-48bf-b Date of Disbursement or Obligation Total Rough Filed Date of Disbursement Filed Date of Disbur	Mailing Address 2121 Daniel Dr				A			2014
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General Other (specify) (c) TOTAL Independent Expenditures (d) SUBTOTAL of Unitemized Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State	Zip Code					37.74
Purpose of Expenditure Mileage Category/ Type 002	Searcy	AR	72143		Tra	ansaction ate of Dis	ID : fda8ea86- bursement or 0	-6b3c-48bf-b Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 174780.65 Disbursement For: Primary Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures				002		M = M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 174780.65 Disbursement For: Primary 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate			Support	Office S	ought:	House	District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		X	Oppose	Pr	esident	X Senate	State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		, , ,	174780.6	5		\neg		/ Kaneral
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 19 2014	(a) SUBTOTAL of Itemized Independent Expenditures	;			•			132.74
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date The property of the prope	(b) SUBTOTAL of Unitemized Independent Expenditure	res			•			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	(c) TOTAL Independent Expenditures				•		77-	
[Electronically Filed] Date 10 19 2014	with, or at the request or suggestion of, any candidate	e or authorized						
Dutc	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M 10			
	Signature							

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Schedule E)				PAGE 109 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee Christine Stevens				of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amou	10 17 2014 nt
City Winchester	State VA	Zip Code 22602		80.00 action ID : 05eb604b-51de-4d5f-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 17 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	1/0
Calendar Year-To-Date Per Election for Office Sought	, , ,	13418.98	Disbursemen 2014	nt For:
Full Name of Payee Elizabeth M Moore				of Public Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 303			Amou	10 17 2014
City	State	Zip Code		13.00
Raleigh	NC	27606		action ID : 3518e71f-411f-4c40-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 17 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		Noppose Noppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1015271.67	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S			93.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	19 / 2014

Sc	hedule E)			PAGE 110 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	
Che	eck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee		Data of P	ublic Distribution/Dissemination
	Elizabeth M Moore		Date of P	
	Mailing Address 1223 Silver Sage Dr Apt 303		Amount	
ŀ	City State Zip C	Code		3.96
	Raleigh NC 2760	06		on ID : 51be3767-9a6e-4cb9-a isbursement or Obligation
	Purpose of Expenditure Mileage Cate	tegory/ Type 002	10	17 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	71.67	Disbursement Fo 2014 Other	r:
ſ	Full Name of Payee		Date of P	ublic Distribution/Dissemination
1	Jazmine d Conner		M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 100 ASBURY CT			11 2011
1			Amount	
ŀ	City State Zip C	Code		80.00
	WINCHESTER VA 2260	602	Transaction Date of D	on ID: 9b858351-76a3-44f5-9 visbursement or Obligation
	Purpose of Expenditure Salary Cate	tegory/ Type 001	10 ^M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Greg Orman	X Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	13418.98	Disbursement For 2014 Other	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•	83.96
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures		.	7 1 7 1 7
W	Under penalty of perjury I certify that the independent expenditures reporvith, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically I	Filed] Date	10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Scl	hedule E)	MDI I GILLO	PAGE 111 OF 122 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	cck if 24-hour report X 48-hour report New	v report Amends repor	rt filed on
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Jon E Conner		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct		Amount
-	City State	Zip Code	75.00
	Winchester VA	22602	Transaction ID: e6db50ae-291d-4546-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Greg Orman	X Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	13418.98	Disbursement For:
Γ	Full Name of Payee		Date of Public Distribution/Dissemination
	Rodney O Culbreath		10 17 2014
1	Mailing Address 100 Asbury Ct		10 17 2014
	100,000,00		Amount
	City State	Zip Code	80.00
	Winchester VA	22602	Transaction ID: 42d59029-4689-4bec-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 17 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Greg Orman	X Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	13418.98	Disbursement For: Primary X General 2014 Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures		155.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures		>
(0	c) TOTAL Independent Expenditures		·
W	Under penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or author earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elec	ctronically Filed] Date	10 19 2014
	Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nds report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination
, in the second	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd City State Zip Code	80.00
Winchester VA 22602	Transaction ID : da2af32b-0814-4eb7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate St	upport Office Sought: House District: 00
Mr. Greg Orman	ppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Rze Culbreath Mailing Address 100 Asbury Ct	Date of Public Distribution/Dissemination 10 / 17 / 2014 Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : 1d374d7c-64e2-4d2e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 17 7 2014
Name of Federal Candidate S	upport Office Sought: House District: 00
Mr. Greg Orman	ppose President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014
Signature	

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OF

,							FOR SE OF	FORM 24/48
NAME OF COMMITTEE (I						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak O	JI PAC					С	C00530766	
Check if 24-hour repo	ort 🔀 48-hour report	New repo	rt Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Payee					Da	te of Pub	olic Distribution/	Dissemination
Krystal A Wilso						10	17	2014
Mailing Address 448 J	udson Dr				Am	nount		
City	S	State	Zip Code					35.00
Wake Forest			27587		Tra Da	insaction te of Dis	n ID: d03b7c21 bursement or C	-c406-4b58-8 Obligation
Purpose of Expenditur Salary	е		Category/ Type	001		10	/ D D /	2014
Name of Federal Cand	lidate			Support	Office Sou	ught:	House	District: 00
Ms. Kay Hagan			\mathbf{X}	Oppose	Pre	sident	X Senate	State: NC
Calendar Year-To- Per Election for C		101	15271.67		Disbursen 2014	ı	Primary specify) ▶	General
Full Name of Payee Krystal A Wilso Mailing Address 448	n 3 Judson Dr				Da	te of Pub	Distribution	Dissemination 2014
					An	nount		
City			Zip Code				,	3.30
Wake Forest		NC	27587				ID: 71145e0e- bursement or 0	
Purpose of Expenditur Mileage	e		Category/ Type	002		10 ^M	17	2014
Name of Federal Cand	didate			Support	Office So	ught:	House	District: 00
Ms. Kay Hagan			X	Oppose	Pre	sident	X Senate	State: NC
Calendar Year-To- Per Election for C			1015271.6	7	Disburser 2014	1	Primary specify) ▶	X General
(a) SUBTOTAL of Item	ized Independent Expenditures				•			38.30
(b) SUBTOTAL of Unite	emized Independent Expenditure	es			•		7- 1-7-	
(c) TOTAL Independen	t Expenditures				•		7	
with, or at the request of	y I certify that the independent or suggestion of, any candidate plitical party committee or its ago	or authorized						
Ms. Emily E	Buchanan	[Electronic	cally Filed]	Date	10	/ 19	D / Y Y 201	
Signature								

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· · · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		Λ = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Misty A Ledford				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell St			Amou	unt
City	State	Zip Code		60.00
Spruce Pine	NC	28777		saction ID: 66d013fc-9580-4088-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 17 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,10	15271.67	Disbursemer 2014	nt For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Misty A Ledford Mailing Address 44 Bell St				of Public Distribution/Dissemination 10 17 2014 unt
City	State	Zip Code		25.20
Spruce Pine	NC	28777		action ID: b09c56b7-8604-4fa7-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 17 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1015271.67	Disbursement 2014	nt For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures)			85.20
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	4-1-4-1-4-1
(c) TOTAL Independent Expenditures			· • [7 7 1 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 10	19 / 2014
Signature				

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Schedule	E)	IVI EXI EIVE			PAGE 115 OF 122 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full No.	and of Davids				
Gabi	me of Payee riela P Sosa			M	f Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 2530 Brook Stone Dr			Amour	nt
City		State	Zip Code		67.30
Clemm		NC	27012		action ID: 7d4fb6cb-9fa7-41db-b f Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		10 17 2014
Name o	of Federal Candidate		Support	Office Sought	: House District:00
Ms. Ka	y Hagan		X Oppose	Preside	nt Senate State: NC
	llendar Year-To-Date r Election for Office Sought	, 10	015271.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	me of Payee			Date o	of Public Distribution/Dissemination
Gabr	riela P Sosa				10 17 2014
Mailing	Address 2530 Brook Stone Dr				10 17 2014
				Amour	nt
City		State	Zip Code		26.10
Clemm		NC	27012	Transac Date o	ction ID : 3d087bbf-a80a-4d93-9 of Disbursement or Obligation
Purpose Mileag	e of Expenditure e		Category/ Type 002		10 17 7 2014
Name o	of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Ka	y Hagan		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought		1015271.67	Disbursement 2014 Ot	For: Primary
(a) SUB	TOTAL of Itemized Independent Expendit	ures		•	93.40
(b) SUB	TOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOTA	AL Independent Expenditures			•	7
with, or a	enalty of perjury I certify that the indeper at the request or suggestion of, any cand nmittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10 /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ture		_		

Schedule E)	TI EXI END	TOTILO		PAGE 116 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Rebecca A Shearer				ic Distribution/Dissemination
Mailing Address 6544 Arno College Grove Rd			10	17 2014
5 0544 Airio Goilege Glove Na			Amount	
City	State	Zip Code		50.00
College Grove	TN	37046		ID: 456c7b49-8f11-496a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , 1	74780.65	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Rebecca A Shearer			10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Grove Rd			Amount	
City	State	Zip Code		25.50
College Grove	TN	37046		D: 6c68f7e3-b4c4-42a2-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	174780.65	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			75.50
(b) CURTOTAL of Unitersized Independent Funeral			7	7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures)	4 1 4 1
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	2014
-				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination
		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle		Amount
City State Zip	Code	95.00
Searcy AR 72		Transaction ID : 20c03e24-419d-41d8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St.		Date of Public Distribution/Dissemination
		Amount
City State Zip	Code	25.00
		ransaction ID: db0659a4-1db9-4c0b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	10 17 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	Oppose p	President State: LA
Calendar Year-To-Date Per Election for Office Sought	93785.37 Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical]	y Filed] Date 10	19 / 2014
Signature		

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Schedule E)	PAGE 118 OF 122 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	N = M / D = D / Y = Y = Y = Y
Windy Hageman	of Public Distribution/Dissemination
Mailing Address 5521 Randolph St. Amou	10 17 2014 unt
	2.40 saction ID : 31266208-2cec-4519-a of Disbursement or Obligation
Purpose of Expenditure	10 / 17 / 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Parker H Morrow	of Public Distribution/Dissemination
Mailing Address 506 N Horton Street Amou	10 17 2014 unt
City State Zip Code	50.00
Searcy AR 72143 Transa Date	action ID : caefa5b9-343c-41b7-a of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 17 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Mr. Mark L Pryor Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	52.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	19 / 2014

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Parker H Morrow		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street	Ar	mount
City S	tate Zip Code	21.60
Searcy		ransaction ID: b2d76b17-e83e-4fd9-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	174780.65 Disburset	ment For:
Full Name of Payee James Tatro	D	ate of Public Distribution/Dissemination
Mailing Address 1208 Braeburn Rd	A	mount
City	tate Zip Code	60.00
Charlotte		ansaction ID: 6946ec01-b9dc-4c72-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1015271.67 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	81.60
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	FEC I	DENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on	М	/ D = D /	YIYIY
Т	Full Name of Payee	Date of	Publ	ic Distribution/	Dissemination
	James Tatro		10 ^M	/ 17 /	2014
	Mailing Address 1208 Braeburn Rd	Amoun	t		
ŀ	City State Zip Code				6.30
	Charlotte NC 28211			ID: 31cff705- ursement or 0	6026-463d-b
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	/ D T D /	2014
ľ	Name of Federal Candidate Support Office	Sought:	. [House	District:00
	Ms. Kay Hagan Oppose	Presider		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement		Primary pecify) ▶	General
ŀ	Full Name of Payee				/Diagonalisation
	Jacob W Joosten	M	1 Pubi	/ DISTRIBUTION,	/Dissemination 2014
ľ	Mailing Address 1906 S Pine Apt B	Amoun	-		2014
ŀ	City State Zip Code				90.00
				ID: 96e94fb5- oursement or (e423-4c0d-8
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	17	2014
ľ	Name of Federal Candidate Support Office	Sought	: [House	District:00
	Mr. Greg Orman Oppose	Preside	nt [X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary pecify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures			7	96.30
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	O /	19	201	4
	Signature				

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Women Speak Out PAC Fect Identification Number Comparison Compa	R▼	
Check if		
Check if 24-hour report		
Mailing Address 1906 S Pine Apt B Amount City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Separate State: K Oppose President Senate State: K Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought 13418.98 Calendar Year-To-Date Per Election for Office Sought 13418.98 Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B Amount City State Zip Code Public Distribution/Disseminati N Other (specify) ▶ City State Zip Code Public Distribution/Disseminati N Other (specify) Purpose of Expenditure State V Other (Specify) Purpose of Expenditure Category/ Other State Other O	Y	
Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Transaction ID: de37e27e-7c18-dedf- Date of Disbursement or Obligation Mailing Address 1906 S Pine Apt B Amount Transaction ID: de37e27e-7c18-dedf- Date of Disbursement or Obligation Disbursement For: Primary Ger 2014 Other (specify) ▶ Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B Amount City State Zip Code Pittsburg KS 66762 Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Category/ Out	on	
City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Mileage Category/ Tiype Mileage Category/ Mileage Category/ Tiype Mileage Category/ Mileage Category/ Tiype Mileage Category/ Mileage Category/ Mileage Mileage Mileage Category/ Mileage Mileage Category/ Mileage Mileage Mileage Mileage Category/ Mileage Milea	Y	
Pittsburg KS 66762 Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mileage Category/ Type O02 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jacob W Joosten Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mailing Address Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mailing Address Oppose President Senate State: Category/ Other (specify) Date of Public Distribution/Disseminati Mailing Address 1906 S Pine Apt B Amount City State Zip Code Purpose of Expenditure Salary Category/ Other Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Category/ Other		
Pittsburg KS 66762 Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mileage Category/ Type O02 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jacob W Joosten Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mailing Address Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Transaction ID: de37e27e-7c18-4edf- Date of Disbursement or Obligation Mailing Address Oppose President Senate State: Category/ Other (specify) Date of Public Distribution/Disseminati Mailing Address 1906 S Pine Apt B Amount City State Zip Code Purpose of Expenditure Salary Category/ Other Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Category/ Other	60	
Purpose of Expenditure Mileage Category/ Type O02 M	_	
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B City Pittsburg State State State: Noppose President Senate State: Primary Other (specify) Date of Public Distribution/Disseminati 10 Amount Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement For: Primary Amount Date of Public Distribution/Disseminati Transaction ID: e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Ont	* Y	
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Oppose President Senate State: K Disbursement For: Primary Ger 2014 Other (specify) ▶ Date of Public Distribution/Disseminati M	00	
Per Election for Office Sought Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Category/ 001 Purpose of Expenditure Category/ 001 Other (specify) ▶ Date of Public Distribution/Disseminati Amount Transaction ID : e4f64a56-f35d-40fe-a Date of Disbursement or Obligation	S	
Full Name of Payee Jacob W Joosten Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Other (specify) Date of Public Distribution/Disseminati Amount Transaction ID : e4f64a56-f35d-40fe-a Date of Disbursement or Obligation	neral	
Jacob W Joosten Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Category/ 001		
Mailing Address 1906 S Pine Apt B City State Zip Code Pittsburg KS 66762 Purpose of Expenditure Salary Category/ 001		
Pittsburg KS 66762 Transaction ID : e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Purpose of Expenditure Category/ 001		
Pittsburg KS 66762 Transaction ID : e4f64a56-f35d-40fe-a Date of Disbursement or Obligation Purpose of Expenditure Category/ 001		
Purpose of Expenditure Category/ Category/	U	
	Y	
Name of Federal Candidate Support Office Sought: House District:	00	
	S.	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary ☑ Ger 2014 Other (specify) ▶	neral	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed] Date 10 19 2014		
Signature		

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Schedule E)	PAGE 122 OF 122 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination	
Mailing Address 1906 S Pine Apt B	10 16 2014	
	Amount	
City State Zip Code	6.00	
Pittsburg KS 66762	Transaction ID: a00f5785-6b63-426e-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage Category, Type		
Name of Federal Candidate	Support Office Sought: House District: 00	
Ma Oraci Oraci	Oppose President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 13418.98	Disbursement For: Primary ☐ General 2014 Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Destiny S Philpott	10 14 2014	
Mailing Address 3502 S 66th St Apt 47	Amount	
City State Zip Code	100.00	
Fort Smith AR 72903	Transaction ID : 00eea18a-2f7b-4c2f-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary Category/ Type		
Name of Federal Candidate	Support Office Sought: House District: 00	
Mr. Mark L Pryor	Oppose President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 174780.6	Disbursement For: Primary General 2014 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	9311.77	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014	
Signature		